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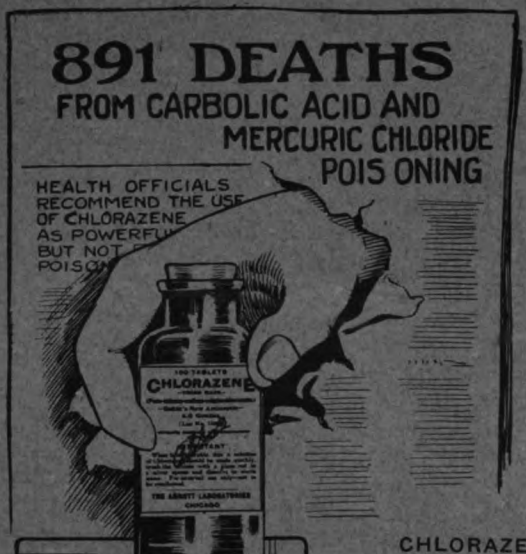

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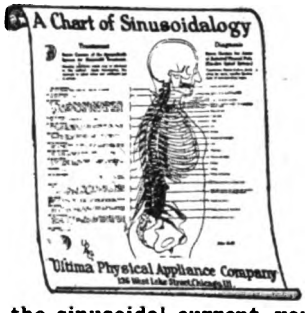

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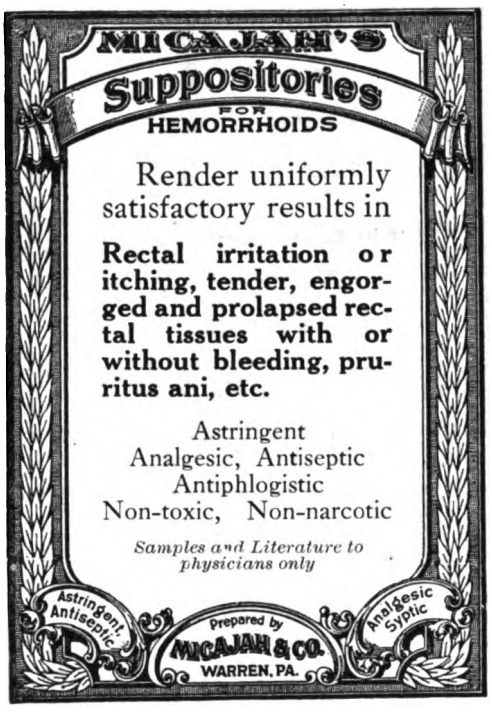

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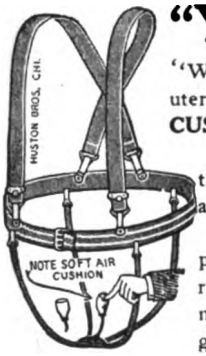

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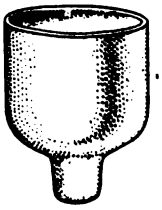

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Western Medical Times

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Obstetrics Through the Large End of the Telescope.

HOWARD CRUTCHER, M.D.,
Tularosa, New Mexico.

A paper entitled, "A Buried and Forgotten Art," which appeared in American Medicine for December, 1917, seems to have attracted more than ordinary notice; and while nobody has thus far denied the substantial truth of any of the views therein set forth, several more than ordinarily respectable correspondents have inquired with some directness, "How can such things be true?"

There is no mystery whatever in the philosophy of the conditions that I attempted to portray in my December article. That one-half of the world does not know how the other half lives, is accepted as an unquestioned fact, disputed by none of intelligence as far as I know; but that few people in the world care how anybody else lives is equally true but is not so freely acknowledged. One fact in American life stands out as clear as the noonday sun, it is known to every earnest investigator and to all honest thinkers, it is admitted without question by all classes at times, in all fields of activity of whatever kind, with the sole exception of the field of politics. I refer to the existence here of social classes or casts, which are just as well marked here as they are in Europe or Asia, only that Americans care not, or dare not, admit such to be the case. As a matter of fact, we are always reluctant to admit the existence of any fact or condition that involves a sacrifice of any degree of our National pride. While as a principal this is greatly to our credit, it may at times be carried so far as to prohibit development.

There is, we are told, no such thing in America as a peasant class; yet in the Southern States we have what all acknowledge to be the Poor White Trash (the first word being pronounced *po-ah*); one hears the term Clodhopper all over the Mississippi Valley; and Old Hayseed, Uncle Rube, Uncle Josh, and Old Jay are so expressive and so familiar to the popular ear as to rank with the more elegant terms of the language. The Himalayan scorn with which an osteopath looks down upon a chiropractor is equaled only by the splendid contempt with which a native of Lexington beholds a Hill Billy, who resides perhaps an hour's ride from the Blue Grass Capital. If some innocent foreigner should happen to employ the odious term peasant, the gentleman from Lexington would resent the deadly insult to his country instantly, there being an enormous difference, morphologic and financial, of course, between a noble American Hill Billy and some poor devil of a foreigner. The Lexingtonian, being a man of learning, has read that Henry Clay believed that "all men are created equal," which means all men in America, of course, for it is notoriously false as applied to foreigners. It may be observed, in passing, that foreigners are as a rule peculiar people, whose ways of doing things are generally different from our own.

The back bone of the American peasantry is composed of tenant farmers in the country districts and of what is known as the riff-raff of the great cities.

GEORGIA MEDICAL SOCIETY.
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That they have thoughts, opinions, and ways peculiar to themselves is self-evident, regardless of whether or not such distinctions may be to the liking of others.

The rising and the setting of the sun are not better known to human intelligence than the fact that "blood will tell." The scrub cow, the plug horse and the razor back hog are nowhere more despised than by the Hill Billies themselves. The thoroughbred needs no other passport to the favor of good society than to have his pedigree shown to the spectators at the county fair. His superior qualities of speed and endurance are taken for granted by all beholders. The following standard story is told for two purposes, first, to illustrate the invincible powers of high breeding, and second, for the infinitely more important purpose of signalizing the immeasurable resources of wit inherent in the average Hill Billy: About the year 1860 the incomparable Lexington was taken in disguise to Indiana and Illinois and entered in all the races as a plug. A swarm of keen-witted Kentuckians followed, and through the exercise of their matchless diplomatic powers induced the innocent Hoosiers and Suckers to wager huge sums of money against the foreordained winner. Quite naturally, Lexington, tugging desperately at the rein, won easily every race, and as result the Corn Crackers returned home laden with the rich spoils of their equine victories. A Hill Billy narrating this story swells up like a favorite son-in-law at a family reunion.

Blood and breeding tell quite as distinctly in human affairs, of course, as they do amongst the domesticated quadripeds, but no politician above the rank of a county constable would dare admit it, especially for publication. The peasantry, wherever found, through centuries of slow or arrested development and coarse living, have remained simply the hewers of wood and the drawers of water, while their external appearance may be modified by a change of garments their natures remain as bare through life as they were at birth.

That an eagle may occasionally appear in the nest of a barnyard fowl is undoubted, but the old rule that water runs down hill will hold good year in and year out in all human affairs. One large district, settled by the Hill Billies and the Poor White Trash, is to this day so notable for aggressive stupidity that its more intelligent inhabitants seldom mention their abode without an apologetic smile.

The American peasant is noted above all things for his boundless egotism, which in certain features, resembles the noble virtue so beautifully portrayed in the book of First Corinthians, XIII, 4-7. In his case it is true that the less he knows the less he knows it. His ownership of a razor and the habit of using tobacco are two things that distinguish him most clearly from the horse that he drives and the cow that he milks. He no more runs to crimes of depravity or violence than his ox takes to billiards or his horse to poker. He rejoices in some petty swindle, not because he is necessarily rapacious, but because he delights to exhibit his tremendous powers of wit. His whole realm of thought was once defined by the celebrated Lorenzo Dow, "To raise more corn to feed more hogs to buy more land." Emerson observees that the struggling farmer "desires only the land that adjoins his own," adding the delicious Emersonian remark, "and Napoleon's ambition was no greater!"

It would be a grevious error to suppose that the acquisition of wealth has anything to do with the fundamental elements of character. There are, as a matter of fact, many well to do Hill Billies, even wealthy ones, but it requires no skillful eye to detect their real character as reflected by their surroundings. A Hill Billy may live in a palace, but his dog is a yellow cur, his pipe has a celluloid stem, and the barrel of his shotgun is always composed of pot metal. He eats with his knife, sleeps in his under-

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wear, boils his tea, and dismembers and fries a teal or a mallard. He neither has nor desires to have books, and his bathtub, if he have one, is filled with cabbages or potatoes. He fills a pipe with a mixture of vegetable and animal fibers, sets fire to the mass, and blows the noxious fumes all over the place. His possession of money merely serves to illuminate his native meanness and aggravate his acquired indecencies. He frowns on studious habits and holds literary culture as an effeminate vice. He hates science with the contempt of ignorance. Like every other vulgarian, he estimates all values as measured by money.

In spite of Mr. Carlyle's dyspeptic groan, genius never springs from environment, but always from high breeding and occasionally from a lapse or a freak of Nature. It is idle to pity those who have no conception of pity themselves. Mere animal distress is not to be compared with the sufferings of those possessed of the finer sensibilities and keener emotions. Many a hopeless blockhead has left Niagara Falls having seen nothing more than water running down hill, which is neither more nor less than it does in the Big Sandy and the Kankakee. To set him to reading Byron's apostrophe to the ocean would be merely wasting his time from pulling weeds and stacking fodder.

That the thoughts, habits and ways of the American peasant are greatly modified by environment is fully apparent, but the ground work of his character is the same in the valley of the Scioto as it is in the valley of the Wabash, the Illinois, and the Tennessee. He both adores and hates his blueblood neighbors. The somber-faced young man who sat mounted on the heights of Austerlitz on the morning of December 2, 1805, and beheld the brilliant success which crowned his exquisite strategy in decoying the barbaric hordes from the valleys of the Danube and the Volga within easy sporting range of the intelligent and disciplined legions of France, felt less elation than is experienced by the Honest Farmer who sells a wind-broken plug for a fancy price to some unsuspecting member of the landed aristocracy. Peace hath her victories no less than war, and Uncle Josh is, of all mortals, a man of peace. He is as Victor Hugo might say, a firm advocate of the *status quo* against the initiative. His mental processes are not well understood by his more cultivated neighbors. A Southern Cracker was once asked why he did not pen his hogs and feed them on corn instead of permitting them to run at large, living precariously upon mast, being assured that the swine would fatten within one-third the usual time. He replied, with crushing force, "But what does a hog care about time?"

So far as practical obstetrics is concerned, the peasant does not associate it in his mind with any branch of science or art, knowing little of those departments of knowledge. When his wife is taken in labor he rushes to some doctor and always urges top speed on the part of the medical man. If asked why he summoned a physician, he could not tell, or rather would not assign the real reason, which is simply that his neighbors had set the example. One day in Iowa on a hunting trip, having been facetiously introduced to a countryman as a member of the legal profession, I asked him privately why it was necessary to have a physician in attendance during the period of labor. "Because," he replied, "unless a doctor is on hand the navel string is liable to get caught around the young's one's neck and choke him."

Of those highly valued degrees of professional skill that count for so much in the intellectual circles, the peasant has but a vague conception. He grades obstetric skill, and medical skill generally, as he rates cattle and sheep, some better than others, perhaps, but still cattle and sheep, after all. He estimates the value of a surgeon's time as he does the services of a farm hand in weeding a potato patch. The surgeon who spends twenty minutes in the performance of a hysterectomy ought to receive three times the pay

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for his services as the man who completes the same work in seven minutes, and I may say in passing that I have sometimes felt the same feeling creep over me about the close of the eighteenth minute in certain instances that might be recalled without great effort.

One day while engaged in some investigations in comparative anatomy at a country slaughter house I happened to be near at hand when a boy of gentle nature and splendid physique was kicked in the lower abdomen by a horse. It ought to have been apparent, even to the dullest mind, that the youth was seriously, perhaps dangerously, hurt, and without communicating my real suspicions to any one I urged upon the boy's father, in the plainest terms, the great desirability of procuring the services of a man of deservedly high reputation, who might have arrived at the scene of the accident within a few hours. In the meantime I did what I thought ordinary human kindness required in arousing the forces of reaction. But I did not at the time so well understand the deeper currents of peasant life. The boy belonged, professionally, I mean, to one of those exalted specimens of skill, and especially of surgical skill, who locate in some country community and marry a practice. Uncle Pete Taterpills came upon the scene in due season and gave a somewhat guarded but really highly favorable prognosis. I dreaded to see so fine a specimen of vigorous boyhood sacrificed to the exigencies of cross-roads bungling, but as I was powerless to change the course of events, I kept silence. Old Doc Taterpills was of course at loggerheads with all the other doctors in the community. Two days later, when it was apparent even to an unpracticed eye that a fatal storm was in full blast, "Uncle Doctor" advised strongly that a noisy upstart from an adjoining county be called in consultation post haste. I felt deeply grieved over the deplorable outcome until I heard the father of the boy remark, with unctious satisfaction, "Well, the doctors didn't get no chance to slice him up, nohow."

Nor must all the blame for some of these occurrences be laid at the door of the cross-roads doctor. The cross-roads practitioner is often supremely vain, insanely jealous, and bitterly envious of any degree of skill surpassing his own, but even with these woeful encumbrances he would often do better than he does if he were not bound and gagged by the brutal ignorance and pugnacious stupidity of many of those by whom he is employed. The country doctor is not always a prodigy of practical wisdom and operative efficiency, but it is neither just nor politic to toss him into the pickling tank without a moderate degree of knowledge of the almost hopeless conditions under which he struggles from day to day. The simplest and wholly unavoidable incidents of parturition are often ascribed to his lack of skill, one overgrown, bull-necked Hill Billy once boasting to me that he did not purpose paying a medical bill because his wife had suffered a perineal laceration during her delivery! I know that Dr. Slackpuller and his class bitterly criticised Dr. Surepills for losing a pneumonia patient, and that it is absurd and perilous to retort by sneering that Slackpuller lost a woman from placenta praevia, but at the same time such pitiable displays of ill-breeding and childish nonsense are far too common in rural neighborhoods to take rank as capital offences. There are exceptions, noble exceptions, to the general rule. I have known able, honest, capable rural practitioners to offer advice based upon the soundest teachings known to science, and to have those suggestions rejected with high scorn by the very ones who ought to have been delighted to profit by its unselfish wisdom. The gloom of outer darkness itself does not exceed the blackness of a bigoted and fanatical mind. Consultations are often suggested in bad faith by the physician—I once heard it rumored that this thing had occurred in Chicago, when I lived

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there—and are as frequently viewed as farcical by the bystanders.

One time I was visiting in a small settlement and had an experience that threw floods of light into some dark corners of country practice. I passed a small house early in the morning and learned that a certain boatman could not go with me up river because his sister was in her first labor. About mid-afternoon I returned to the landing and was met by the landlady of the little hotel, who was much excited, and who lost no time in coming to the point: "Doctor, that poor little woman is having an awful time, and I wish you would go over and see if you can't do something for her." I learned upon inquiry that a physician was already in attendance, and told the landlady in plain but courteous terms that it would be out of all question for me to obtrude my services into the case without an invitation from the medical attendant. "Well, won't you just step into the dining room and take a look at her and tell me what you think?" "No," I replied, with some warmth, "I just won't do anything of the kind." When the sun was still about an hour high I was called hurriedly by the attending doctor, who sent word that the woman was dying from profuse and uncontrollable post partum bleeding. By a piece of rare good fortune, I happened to be well equipped for the emergency and hurried to the scene of trouble. It was indeed a post partum hemorrhage, but also a post diluvian and a post election hemorrhage, both the latter events having occurred some time before, but the blood came from extensive lacerations in the muscular walls of the womb and not from the old placental site. A valued and dependable assistant was with me. The patient was put to sleep with ether, and with the aid of an excellent light I drew the uterus forward, made a complete circular incision through the vaginal mucous membrane, fully exposing the real seat of danger, inserted a sung suture through the muscular walls on both sides, repaired the lacerations of the pelvic floor, used antiseptic solutions very freely, drained the body of the uterus, and was favored with an ideal result in due time.

Some weeks later I was in a position where I could not fail to overhear the following luminous exposition of the main features of the case from the lips of the patient's husband:

"You know that a whaling big artery runs from the mother to the child. Why, Sir, when my kid was born that damned artery broke loose from the mother away up inside, and if she hadn't been operated on—something like an appendicitis operation, I reckin—she'd have gone to hell in no time."

I ought to add that I received some slight material compensation for my services in this case, beyond the fine insight that I was able to gather first hand into a phase of uterine pathology less understood than it should be. Some days later the husband approached and said, not without some affection of tone:

"You have been using my boat considerable of late—two dozen frogs—them shells up at the bay—never mind them shiners and chubs—just gimme a dollar and call it square, for all."

The incident was closed forthwith.

The Western Medical Times is not a sectional publication. It goes the world over for its literary matter and endeavors to give its readers the very best, of a practical sort, that can be obtained. Nor is it sectional as regards its readers, for it goes the country over. Its policy is independent and it believes in fair play and the square deal for everybody. It is one of the journals you are going to like, for it is going to do as it has for others, help you in your everyday work.

Time to get after that early brood of flies says the United States Public Health Service. Better to prevent the breeding of hundreds of flies now than to swat and trap millions of them in midsummer.

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New Treatment for Pulmonary Phthisis.

ALBERT C. GEYSER, M.D.,
New York City.

At this time I can only again remind you that the therapeutic measure you wish to employ must be reared upon the science of anatomy, chemistry, physiology and pathology. Let us see for our purpose at least what this dread disease, this white plague is; how it gains entrance into the human tissue, and why it is that the reaction of the cells seems inadequate. Nature does not as a rule cure this disease; if that is so, then nature fails and the question is how can we assist nature or supply her with that which seems to be lacking.

It must of course be understood that this article is not intended as an expose upon phthisis. Nothing is further from my mind, but it is necessary to so connect the disease with our therapeutic agent that we have at least a scientific rational for its application. Again and again we must look and see why nature has failed and rationally supply the missing element, for it is the proper reaction of living cells that successfully combats and cures disease.

For our purpose then it is sufficient to say that there are two main channels for infection; the one through the inspired air, the other through the gastro-intestinal tract. We must also admit predisposing causes such as heredity and environment; at all events, we have phthisis usually taking place as the result of these conditions either in or around the neighborhood of joints, the glandular system, the skin or the apices of the lungs. It should be observed here that the regions and tissues just enumerated are those in our economy where the least blood circulates, just as though the bacilli possessed a predilection for blood-poor areas. For the past few years I have had the good fortune to observe a large number of tuberculous joint lesions and enlarged tuberculous glands. The results obtained in these cases by means of the X-ray is history and does not require verification. There is one point of interest, however, that we ought not to lose sight of in the X-ray treatment, the lesions respond according to the *amount of reaction produced in the diseased area.* This reaction by the tissues is *analogous to inflammation,* and inflammation never takes place without some increase in the local blood supply. It is rather noteworthy, then, that in the first place, the lesions occurred in blood-poor areas, and when these areas have their blood supply increased, the lesions disappear.

Some four years ago this forced us to make use of passive hyperaemia in all joints under X-ray treatment and as a result the lesions healed in about one-half the time that they had previously, showing that an *increase* in the local blood supply was not conducive to the general welfare of the tubercle bacillus.

We were also led to believe that perhaps this local increase in the blood supply was all that was necessary, and therefore, discarded the use of the X-ray, but it was only a short time before we discovered that the X-ray stimulation was an essential part, for without this the time again lengthened.

We were therefore forced to add the stimulating influence of the X-ray to the produced hyperaemia. The results immediately improved. The question naturally arose: What is there in the X-ray that gives to the cells that additional power of response? So far, opinions still differ as to the answer, but the fact remains that some energy was expended that called forth a better reaction than either the hyperaemia alone or the X-ray alone could do. I have seen patients whose local joint lesions cleared up entirely, yet who succumbed in time to

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pulmonary phthisis. In lupus vulgaris the same method of treatment was employed and only the slightest amount of reaction to the X-ray was necessary, plus the induction of passive local hyperaemia. We have, therefore, practically a specific for these two forms of tuberculous lesions, but the X-ray is not the only means whereby we can arouse the necessary reaction, for injections of tuberculin will act in a similar manner. It will be observed that in neither of these tuberculous conditions have we paid any attention to the tubercle bacilli, nor is it necessary. *I am not overstepping the mark when I state as my positive conviction that the less attention we give to the bacillus the better will be the results of our therapy.* Pulmonary phthisis is with us, always has been, but I hope it will not always be so.

I have already stated that the tubercle bacilli prefer blood-poor areas. Contrary to general belief even in the lungs we have blood-poor areas; they are in the apex of each lung. The bronchial artery is the nutrient artery for the lung structure. This, we know, follows the bronchial tubes dividing and redividing until finally lost in a capillary network. Non-use of any organ or part of an organ soon leads to functional as well as anatomical atrophy with a corresponding loss in the blood supply. This condition we find in both apices of the lungs, consequently they become vulnerable points for the tubercle bacilli to find lodgment. The bacilli having gained lodgment either by parental transmission through the inspired air or the gastro-intestinal tract, usually produce the stereotyped symptoms of pulmonary phthisis.

The diagnosis is made and treatment instituted. Some patients are sent to the seashore, some to inland lakes, some to higher altitudes, some to foreign lands, some to sanatoria, some to camps to lead an exclusive outdoor life, some are required to rest absolutely, some build up their systems by exercise, some take large quantities of food, some follow the starvation method, some are ordered to take fresh mlik, some take soured milk, some take proteids in abundance, some live entirely upon a vegetable diet, some take drugs, some no drugs at all. The final result, however, is that no matter where the patient goes or what he does, *some get well, but more, many more, succumb to the disease.*

Upon the autopsy table we find both sexes well advanced in years with unmistakable signs of early tuberculous lesions, completely healed, in all probability never suspected. *Something* has healed these lesions and that *something* we must find if we ever hope to cut down the terrible mortality of this well named "white plague." The man who wrote the words "the white plague" indeed wrote better than he knew, for not only does anaemia of any part offer an especially suitable soil for this bacillus, but the bacillus or its toxins produce a negative chemo-taxis in the region it invades and thereby actually causes anaemia. It is, therefore, necessary first of all to change this negative chemotaxis to a positive one. A foreign body within the tissues is just as much a foreign body whether it be a rifle bullet weighing several ounces or the bacillus of tuberculosis requiring an oil emersion lens to make it visible. Only one of two courses is open for the foreign body. It will remain in the tissues, becoming completely walled off with no harm resulting from its presence, or it will become an active source of irritation and danger. At any rate the foreign body and living tissues cannot dwell peaceably together on equal terms, one must be the conqueror, the other the conquered.

It seems to be an established fact that under certain favorable conditions the blood or the serum possess all the necessary factors to cope with all the ills that the flesh is heir to. The idea, therefore, is not a new one, that if the lungs are subjected, like other parts of the body, to active or passive hyperaemia, we can hope for a cure in cases of tuberculosis where an abundance of blood supply is so essential. This belief has been fur-

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ther strengthened by the fact that whenever we have a heart lesion with a tendency to pulmonary congestion, phthisis is never found in the lung.

Asthma is always accompanied by pulmonary congestion and seldom or never does consumption associate itself with asthma. This again shows that in hypereamia we find the cure, while in anaemia the cause. Remove the cause and we have the cure.

If we apply the simple law of physics "that no two bodies can occupy the same space at the same time," to a consumptive patient, we can have an abundant blood supply in the lung by simply depriving the extremities of their share for the time being. When the surgeon prepares an extremity for a bloodless operation by applying, from the distal to the central end, an Esmarch bandage, the blood is certainly not in the extremities so prepared, wherever else it may be. When all four extremities are so prepared and the blood is not in them, it must be somewhere else. The great splanchnic area and all the internal organs are, for the time being, in a state of passive hyperaemia. The quantity of venous blood passing through the lungs for aeration is not at all thereby increased, but the arterial system having its area materially decreased contains, in the pulmonary area, perhaps 400 to 500 per cent more during this time.

This, then, is the secret of the cure of phthisis; no matter what brings it about, whether lung gymnastics in higher altitudes are practiced at home by the trained patient, or the stimulating influence of inhaling the cold outdoor air for twenty-four hours each day, or the increase of the general bulk by forced feeding, or by strenuous exercise leading to cardiac hypertrophy; somehow in each form of treatment it is the increased blood supply which either furnishes the means of destroying the bacilli or so aids in walling them off that they become innocuous.

In the year 1908 a paper was submitted to the Clinical Society of the New York Polyclinic School and Hospital, where I detailed the results of eighteen cases of undoubted pulmonary phthisis having been converted into closed cases simply by making use of the opposite Bier system, all the extremities were bandaged for a certain number of hours each day, with regular hydro-therapeutic measures employed as well as the usual out-of-doors regime. Out of twenty-four cases so treated eighteen recovered and six died.

After a careful analysis during the next year we came to the conclusion that there was yet something very essential lacking. We recognized, as we had in the tuberculous joint lesion, that some additional feature was necessary besides the blood supply, or the passive hyperaemia. During the year 1909 we also learned that as far as we had then gone, all our treatment showed results only in the early stages. We soon learned to divide our cases into three sets and treatment of the special kind was only applied to number one cases. They, of course, were the incipient cases, patients still in good flesh, a good family history, no previous hemorrhages, but upon the other hand, that slight imitative and persistent laryngeal cough worse in the morning, better during the day, to reappear late in the afternoon with a slight rise in temperature. The sputum mostly positive upon repeated examination. The X-ray usually showed an increased resistance at the apex. Such cases were selected and classed as No. 1 or suitable for special treatment. It was about this time that the high frequency current made its appearance in France and Germany.

The author then became interested especially in the diathermic phase of the current and in July, August, September and October of 1909 made a most extensive trip through the European centers in pursuit of knowledge concerning the physical as well as the physiological possibilities of the diathermic uses of this high frequency current.

In 1910 the author presented the first

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paper upon this subject in this country before the New York Polyclinic School and Hospital Society.

The deductions and future possibilities of this current seemed at that time to border upon something marvelous if not almost unbelievable. So much so was this society interested in this new current that a committee of three was appointed to at once investigate the various claims. Today or only eight years later, not only has every claim put forward by the author at that time been confirmed upon both sides of the continent, but what seems more strange, by perfecting the instrument, possibilities as great and even greater are now in store for us.

The high frequency current when used over a tuberculous area at once raises the temperature of that area from one to three or even more degrees. With the raising of the temperature we have the dilatation of all the blood vessels. The fact that this is a rapidly alternating current of very high frequency causes a positive chemotaxis to take place instead of the previous negative one. It is therefore the additional blood supply and the heat plus the *important positive chemotaxis* that leads to the cure of the lesion. In other words we are supplying exactly that which nature in this disease fails to furnish and we supply nothing additional.

The question naturally arises: Why is this treatment only good during the early stages and why such a failure during the later stages? The answer is simple enough. When the high frequency current is employed over a local area, only local effects are produced. The current passes in straight lines between the two electrodes and does not directly effect the rest of the body. During the early stages we are dealing with a localized focus, usually without, or only slight constitutional manifestations. If, therefore, the local lesion is at once cleared up the patient may be cured. On the other hand if the constitution has too generally been invaded it is almost impossible to create that all essential *positive chemotaxis* in the entire system. It is hoped that the wisdom of future generations may bring to light a method or means of accomplishing even this. At the present time we are well satisfied that "*Every case of Tuberculosis can be cured by means of the high frequency current if instituted before the second stage of the disease.* As this current only affects the local lesion it becomes apparent that such methods as sanitation, hygiene, rest and diet must not be lost sight of.

Technique

Assuming that the diagnosis has been correctly established and the case selected as suitable for Diathermic treatment. Apply over the affected area, anterior and posterior flexible tin electrodes.

These electrodes must cover as large an area as the conformity of the part will permit. As a rule the lesion will be found in one or both of the apices of the lungs. A large tin electrode extending from two to three inches beyond the supposed margin of the lesion is applied. The metal electrode must be snugly fitted to the chest wall. The same size metal is now applied over the upper part of the back. Several thicknesses of Turkish toweling is placed over each electrode with a wide roller bandage. This part of the technique may be varied according to the circumstances, the object being to fix the electrodes into close approximation with the parts to be treated so as to prevent sparking from the metal to the skin. The electrodes are connected with the rheophores of the D'Arsonval current, the patient seated in a comfortably reclining position and the spark gap opened very slowly and cautiously. Inquiry must be made of the patient as to the sensation of the current. If the patient experiences any stinging or burning the electrodes require adjusting at that particular point. It cannot be emphasized

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too strongly that there must be absolutely no sensation beneath the electrodes, except that of a gentle warmth.

If everything seems right open the spark gap until the milliampere meter shows a reading of 1000 ma. when both apices are involved or 500 ma. for one. Allow this current to act for thirty minutes. The current is shut off. Beneath the electrodes the skin will feel warm and usually moist, although this moisture may not occur until after a few treatments have been given. The part treated is sponged off with a moist towel and gently dried. This treatment is repeated at least once daily during the first month. If at the end of the first month the patient is reexamined, the physical signs will be apparently worse, the rales have usually increased in number and extend over a greater area, the cough is more abundant, the expectorations greater in qunatity. *The patient on the contrary feels better* and does not share in the physical signs; he will state that he sleeps better, his cough is easier, it does not rack him so much, his expectorations are looser, the irritation of which he has mostly complained is very much lessened and he seems better. This discrepancy between the physical signs and the feeling of the patient are most pronounced at the end of one month to six weeks.

At this time the delicate lung tissues especially the blood vessels have become accustomed to the dilation and the increase in the blood volume. Day by day there is less danger of hemorrhage. During the next two to four months the treatments are given every other day with a gradual increase in the milliamperage. At the end of the third month the dosage should be from 1500 to two thousand milliamperes, thirty minutes on alternate days. The physical signs have all disappeared, there is little or no cough and practically no expectoration. If at this time the sputum is reexamined it will be found absolutely negative. Should on the other hand, the patient have lost all of the physical signs yet retain germs in the sputum, it simply means that the lung has not entirely cleared and another month or two may be required. If everything has gone favorably and the sputum is negative, then the patient should be sent to the country. The primary reason for sending the patient away is twofold. First the patient now realizes that he is really getting better. He feels it and he no longer requires the treatment. Secondly, the change of air and surroundings have a beneficial effect far greater than is usually conceeded. The question of altitude is a very important one next to the purity of the air. Where one or both of the apices have been affected, where there has been a great deal of abdominal instead of chest breathing in such cases a gradually increasing atmospheric rarification is indicated for the lung gymnastics that it affords. If on the other hand, the chest breathing is deep or where ahe patient has had a course in lung gymnastics, such a patient will frequently do better near the seashore. As a general proposition the more robust the patient the higher the altitude, the more delicate the patient the nearer the seashore or lower altitude.

Exercise must be controlled rather than advocated for we are not treating obesity, but a consuming and wasting disease. The diet should be generous as far as cream, butter and fats are concerned, fresh fruits, nuts and vegetables in abundance. In fact whatever is known from previous experience to agree best with the patient should be used. One of the best things out of the general food line is the administration of raw clam or oyster juice, one ounce or more daily. Above all do not use Creosote as an addition, whatever virtue that drug may have, it has no place in phthisis of the first degree.

General hygiene, bathing, an occasional wetsheet pack or electric light bath or Turkish bath assist in removing large

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amounts of toxic material from the system.

From the foregoing it must be apparent that while the high frequency current plays a most important part in the treatment of this disease, all the stereotyped agents known must be made use of as the indications for them arise.

301 W. 91st., and Huntington, L. I.

Allium Cepa and Influenza.

J. A. DUNGAN, M.D.,
Greeley, Colorado.

"Rise up, Sir Onion, I dub thee Knight."

Something like this should be the enconium cast upon that erstwhile lowly vegetable, if someone could be found to occupy a position high enough in the medical fraternity to impersonate royalty and at the same time not give mortal offense. For in such a position those who would be called upon to play second fiddle would make the situation assume the difficulties analogous to those of a women's orchestra. What I wanted to bring out was that in the matter of the present epidemic of influenza the onion has proved itself to be a knight for whom the influenza holds no terrors.

Sometime ago I commenced using a form of poultice constituted of raw onions mixed with salt and pounded into a pulpy mass. Of course, I do not use the onion poultice in all cases of influenza but only those in which there are symptoms of a beginning involvement of the alveoli and the air cells of the lungs—in other words the beginning of pneumonia; and, of course as will be readily understood, the general tendency of influenza being in that direction, it will be seen that my use of onions has also been comparatively large.

Some twenty-two years ago I had a case of pneumonia in a young lad, which in spite of all I could do progressed rapidly in the direction of a fatal termination. Living in the same house was a professor in the University, with whom I was acquainted On the occasion of one of my visits to the house to see little 'Mack" one evening I met the professor in the hall. Upon his inquiry as to "Mack's" condition, and being told the sad state of affairs, he asked why I didn't use an onion poultice. I told him 'I did not know what good onions might be expected to do' and he replied:

"Oh, well. I don't want to butt in, but I have just returned from Europe and have a doctor friend there who is an interne at Erlangen Hospital. Just before I left he told me they were using nothing else externally but raw onion poultices mixed with salt for their pneumonia cases."

Now, as it would no doubt seem to you on first thought, so it seemed to me that onion poultice was a sort of old granny remedy from which very little, if anything, could be expected in the way of actual results. However, being in a deal of a quandry regarding the case of little "Mack," for I really knew of nothing further to do than what I had already done, I decided that I would try the onion poultice. Accordingly I had the onions peeled, cut up, mixed with salt and pounded to a pulpy mass; then incorporated in a flour sack spread out evenly and placed around the chest of the patient. Cotton batting was put around the poultice and a cloth snugly pinned over the cotton batting, which served to keep the onions off the bed.

Well, the next morning when I returned dejected to the house where the

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patient was, it was my supreme satisfaction to find that little "Mack" had made the turn towards recovery and was progressing. True, it was about the time for the crisis to occur and little "Mack" may have made the turn any way, at least so I thought afterwards, however, I did not forget the poultice. My use of it became more constant throughout the years as I noticed its good results.

Now in the case of Spanish influenza we have a proposition which I regard as essentially different from pneumonia as we are accustomed to think of it. I have been led from my investigations to conclude that the influenza-pneumonia is really metastatic and due to the absorption of purulent matter from the frontal or others of the cerebral sinuses.

First then we have the invasion of the influenza germ, together with its coterie of satellites, consisting most probably of the following: Staph (albus and aureus), streptococci, pneumoncocci, micrococcus-catahrrhallis, baccilus Freidlander and baccilus influenza. Now as to which of the last three constitutes what might be called the germ of influenza it is a mooted question, but it is reasonably certain that one of three is the pathfinder in this distructive invasion.

Proceeding in with the breath into the nostrils it migrates rapidly through the nasa-frontal foramina, eventuating into the frontal sinus. Now the life of the influenza germ is apparently of short duration—to be measured perhaps by days or even hours—but unfortunately this can not be said of the accompanying germs.

These, as may be supposed, are intensely vicious and being pus-producing germs they soon produce a very virulent material. The first secretion, however, from the frontal sinus cells is extremely gluey in its nature, reminding one of the first secretions of the lungs in pneumonia and this secretion at once plugs up and renders impervious the nasao-frontal foramina. The natural route of drainage thus blocked up, the frontal cells rapidly undergo destruction and the pressure of the accumulating gases produces at once the frontal headache and the smarting and burning pain through the eyes, which are among the first symptoms of Spanish influenza.

Now the route of absorption of this pus seems, according to the experience of the present writer, to travel by preference along one of two routes; either it is absorbed into the circulation from the frontal sinus proceeding along to the middle ear or the mastoid process, the pain going down the back and involving the kidneys, and in which case nose bleed is a rather common feature of the progress of the inflammation while the lungs quite often escape infection altogether. If nose bleed does occur I regard it as very fortunate for the patient and I think the experience of army medical officers will bear me out in the assertion that those cases in which an early and profuse epistaxis was noted were almost without exception followed by favorable course and termination. The reason for this, of course, is easy to see as the violent congestion which is a part of the first invasion is thus promptly relieved.

The other route followed by the pus formation from the frontal sinus and which is the one most usually followed, would seem to be a progress of the infection through the blood circulation back through the osseus structure which forms the brain pan into the pharynx, then the larynx, then the bronchial tubes and clear to the bottom of the latter and in quite a number of cases progressing rapidly to single or double pneumonia.

A measure which I regard as of extreme importance and which I have invariably followed in my influenza cases whether the symptoms emanated from the frontal sinus were prominent or not, has been to first vigorously flush out the regions of the naso-frontal foramina with a DeVillbis atomizer loaded with glycothymoline. This procedure is done most

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thoroughly every hour or two until the drainage from the frontal sinus is established. If this does not, as occasionally happens, succeed I have on several occasions called in a nose and throat specialist and who after a preliminary application of cocaine and adrenalin to desensitize and shrink the nasal membranes, would follow it by an application of ichthyol to the region of the lower orifice of the nasao-frontal foramina; the cotton containing the ichthyol has a thread attached which is cut off below the nostril and which the patient is instructed to remove in one hour.

In every case in which this has been tried success was assured and immediate and if there was a concommitant pneumonia existent, as was the case often, same was invariably relieved.

The balance of the treatment has been directed to obtaining free elimination through the kidneys and bowels; for the latter purposes a liberal dose of salts in hot water followed by a little hot lemonade, being given the first thing in the morning.

To help combat the virulent infection which as has been pointed out is the serious factor in this disease, I have been in the habit of employing a vaccine in doses ranging from two-tenths to one-half CC. and representing the germs mentioned above.

Impressions of Dr. S. E. Earp, Chairman Medical Advisory Board No. 56, Division No. 1, Indiana, (Indianapolis).*

The total number of Registrants examined from January 16, 1917, to December 23, 1918 is 2067.

The number passed for full Military Service 1086.

For Limited or Special Service 403.

Disqualified for Military Service 494.

Placed in Class B (such having a defect that can be remedied) 84.

The examinations made by the Selective Service gave approximate idea of the physical condition of the younger men of the United States. There were shown to be a large number of persons with syphilis, many being in the active stage, but some of them of the cerebrospinal type. One point was evident, first, that a large majority of persons who were treated by skilled physicians neglected to continue the treatment for a sufficient length of time. Second, others were treated by persons not doctors, perhaps by themselves, which was worse than no treatment because without treatment, conditions would have become so bad as to necessitate treatment and in a stage where good results could still be obtained. Superficial treatment hid the symptoms for a time and the disease passed into the more damaging stages. Any of these persons could have been treated at the dispensary of the Indiana University School of Medicine by men eminent in the practice of their profession, and without price. Poverty in most of the cases did not seem to be the cause, but mere neglect because its importance was not appreciated. An attempt at educating these people seems not to be enough, the law is required. With the opportunities for the treatment of persons who have syphilis in Indiana, as I have said, without price, there is no reasonable excuse why so many per-

*Work of a Medical Advisory Board, United States Selective Service with Compilations and Comments.

This Article was prepared by Dr. Earp, for and became the property of Robert C. Baltzell, disbursing officer and agent of the United States in Indiana, Major of Infantry and Executive Officer, Indiana, and is published in the Western Medical Times with his permission.

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sons who come before the board should have syphilis, which should have been properly treated. The State Board of Health of Indiana requires all such cases to be reported, perhaps this will have a beneficial influence. Approximately sixty were rejected on account of heart disease and several times this number who were able to do some kind of military service and placed in Class C. Perhaps a strenuous life might have been one of the causes, but syphilis, bad teeth, tonsils and rheumatism predominated as probable causes.

There were twenty-six cases of deformity, Epilepsy twelve, mental deficiency seventeen, as causes for rejection. Forty-eight cases of pulmonary tuberculosis in its various stages, yet all men were at work and probably spreading the disease.

The argument in favor of a thorough inspection of school children was, 110 persons with defective eyes, and 23 with ears causing them to be rejected and there is no doubt that many hundred were accepted whose eyes were not perfect and yet were able to do military service, or wherein corrections could be made by lenses.

There were twenty-three cases of toxic goiter who could not be accepted, and we must take into consideration that the rules permitted the acceptance of a registrant who had goiter if in the simple form and not unsightly, or giving any interference in wearing a uniform.

This brings to our attention one of the greatest difficulties—the tachycardias. If after a few moments rest a pulse ranging from 140 to 160, became normal there were no difficulties with these which were purely a nervous tachycardia. But when there was a slight thyroid enlargement with mild tremor and few other signs or vasomotor instability, the members of the board thought it unwise to fill the hospitals with such men. This decision was made early and has proved to be a wise one. Recruits with the plain cystic goiter and no hyperthyroidism were accepted.

Dr. G. R. Butler, Cardiovascular Examiner for the U. S. Army, in the J. A. M. A. for March 23, 1918, well said that as to tachycardias in general it may safely be said that it is often impossible in one examination to distinguish with certainty between the nervous and the slight hyperthyroid cases. Such persons might be kept under observation to ascertain the results of a functional test during the process of training.

Sir James MacKenzie wrote a number of articles in which he emphasized the fact that a sound heart could give a murmur, and we very often verified his statement.

Experience has given me reason to appreciate a portion of an article by Neuhof in the New York Medical Journal for March 2, 1918. I read a number of such articles and watched closely to ascertain how nearly we might have a like experience. I carried some of these clippings in my pocket and penciled them when there was a verification. The one of Neuhof I found of especial value. It said:

"I refer here to those murmurs, reduplicated, or so called gallop and double rhythm, and other adventitious sounds heard over the normal heart. All these may be conveniently grouped as occurring over the right base, over the left base, or over the apical region. Over the right base are heard soft, whifflike systolic murmurs usually accompanying, not replacing, the normal first sound. They commonly occupy the whole systolic period. They are rarely transmitted to the carotids, although undue pressure with the stethoscope upon these vessels may give that mistaken impression. Unless the definite signs of an aortic stenotic lesion are present, the murmur just described is not significant of actual disease.

"Over the left base are found chiefly the so-called cardicrespiratory murmurs. These have a superficial character, may

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be quite loud, and are usually systolic, though occasionally both systolic and diastolic in time. The murmur is sometimes transmitted to the midprecordium or even lower. Its intensity usually varies with the position of the patient and with the phase of respiration. It is ordinarily least intense and indeed may be found to disappear entirely if auscultation is practiced at the end of deep inspiration. Even if loud, these left basal murmurs do not in themselves indicate cardiac disease. They are to be differentiated particularly from the friction sounds of a localized pleuropericarditis in this area and also from patent ductus arteriosus and pulmonary stenosis. The latter cardiac lesions, besides murmurs, give other definite symptoms and signs of their presence. Different from murmurs over the left base, are the reduplicated sounds usually called gallop or double valvular click, as if there were a double closure of the pulmonary valves. These sounds also are not indicative of cardiac disease."

A study of apical adventitious sounds is of great practical importance because these are most apt to be confused with actual mitral disease. Most of these sounds consist of soft blowing murmurs, accompanying, but not replacing, the first sound, and only slightly transmitted to the right and left of the apex. It has been asserted that they are even transmitted posteriorly. I have not yet been able to corroborate this statement. These murmurs are occasionally loud; indeed, they may be as loud as some organic mitral murmurs. They usually vary with the position of the patient, and are sometimes capricious in that they are present at some examinations and not at others. In addition to these adventitious apical murmurs are other abnormal sounds, scarcely mentioned in the literature, which I consider of great importance. I can best describe them as thrill-like first sounds. They are systolic in time and are usually confined to the apex. They are commonly found in tachycardias, or even with a normal rate if the cardiac impulse is exceptionally vigorous. If the tachycardia disappears spontaneously, or the heart rate or overaction can be quieted by having the applicant take and hold a deep breath, this thrill-like first sound often disappears. Besides other characteristics distinguishing it from the typical presystolic rumble of true mitral stenosis, this thrill-like adventitious sound is not accompanied by the double click valvular second sound so common in stenosis.

The dyspnea accompanying actual decompensation requires no comment here. I wish to refer only to the two types occasionally seen among the draft candidates. First, when found in tachycardia, the rapid heart action is the cause of the dyspnea, the possible rejection of candidates should be based upon the observation of the tachycardia along the lines already discussed, and not upon the dyspnea. The second type of dyspnea is that accompanying the subjective feeling of palpitation, with a perfectly normal, or even somewhat slow, heart rate. It is found more often in civil practice among neurotic individuals than among draft candidates, but is sufficiently frequent to deserve mention. It is not accompanied by any evidence of decompensation, and is not appreciably increased by even sustained effort. It is a symptom which may, of course, be simulated by the candidate, but is not a sign of cardiac disease and hence does not excuse the candidate from service.

The neurocirculatory cases at times gave us much solicitation. Nervous and mental symptoms were more carefully studied during the latter portion of our administration. We profited by the history of cases that had been obtained from the officers of many of the camps. We concluded that men with nervous instability, that is, persons who gave a history of being unable to stand the strain of ordinary excitement, men who had no force of control, perhaps parents of same

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type, emotional to the extreme, and men whose general appearance would give a suspicion of being psychopathic—these I say were usually very carefully studied, being kept for a time under observation, and as a rule rejected or placed in Class C. Later developments have been an endorsement of our course. During the latter few months Dr. C. F. Neu was a member of the board, and the value of the service rendered by him cannot be overestimated. Such men as I have described would never make good soldiers, and would only be a burden to the government.

We advised against the acceptance of four cases of dimentia precox for which we were given considerable credit, however, one was kept under observation for some time and although there was much doubt concerning his acceptance he eventually reached one of the camps and after his case was studied by several army surgeons, and by the members of a special board for this purpose, his release was not advised until the result of a special investigation directed from Washington, and then perhaps a discharge was the best solution of the problem.

The Value of the "No Good"—More About Iodine Paraffin.

THIRTY-FOURTH PAPER

DOUGLAS H. STEWART, M.D., F.A.C.S.,
New York City

The following comment was made by a druggist, "Paraffin is so-called because the word means 'little affinity;' but you, your nurse and your hospital druggist seem to chuck any old thing into it and it behaves the way you want it to. Why doesn't it behave that way for me" Perhaps it may be as well to state that the purple, as it comes from the hospital druggist, contains only one grain of iodine to the ounce of paraffin.

One of the commonest routine methods is to apply to an open wound the tannin test solution of the U. S. P., No. 119, until that wound is bleached or tanned. This shuts up the germs of putrefaction that may be contained in such small fragments as to escape observation and removal. The solution is allowed to dry and upon the bandage is placed the purple; thus insuring, as has been stated in some early papers of this series, a non-adherent bandage when the time comes for removal or renewal. The tannic acid makes a hard, dry scab; but the paraffined bandage does not tear off that scab, and that non-removal makes for rapid healing.

Another article used is the mixture called iodized hydrate and this is a 4% solution of iodine in fusel oil, which fusel oil is rarely found in a drug store; though readily purchased at an alcohol dealer's.

If a wound is a bad one, in regard to infection, then that wound may be tanned; the tanning may be followed by an application of the iodized hydrate and this in turn may be covered with a bandage soaked in the purple. Or, if it seem necessary to make the purple stronger, then the iodized hydrate may be added to the paraffin. While a 2½% is possible, yet, as the solutions stand, a 2% is easy to obtain by mixing equal parts of the purple and the hydrate; or any less strength may be secured by lessening the proportions of iodized hydrate.

If a drip or irrigating apparatus is employed, it is a matter of great convenience, for a solution that is strong in

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iodine content can be used at first, and merely by the addition of purple, it can be made of less and lessened strength. Again, there are many physicians who are partial to iodo-tannic acid and the tannic acid solution can be mixed with the hydrate in any desired proportions. Thus we see, with the three solutions mentioned, it is perfectly possible to make quite a variety of things that may be made to meet almost any emergency that might require the external use of iodine and paraffin, either singly or in combination, or with or without tannic acid. It is a fact, however, that the tannic acid solution and the hydrate will separate, though they can easily be mixed by shaking them for a minute or two.

In the hands of the green or inexperienced nurse or attendant, perhaps one of the safest and most efficient means of handling wounds is to let such a one tan the wound to his or her heart's content and after that dress the wound with a purple soaked bandage with a prepared purple paraffin that does not contain more than one grain of iodine to the ounce. No harm can possibly be done, much good may be accomplished and no pain will be produced. Furthermore, the wound will reach the surgeon in pretty good condition, which is more than can be expected from any chlorine solution, under the same circumstances. The drying action of the tannic acid is such, that, when combined with the effects of the purple, a drain is seldom or never necessary. The wounds seem to drain themselves, or rather to maintain a free outlet very much better than under other conditions. Especially is this evident when compared with those cases where the drain forms a plug rather than a drain.

It is most surprising how well burns do when tanned, though the subsequent dressing of purple is not so good as the mayonnaise referred to in the article on burns, the heavier body of which makes it decidedly better; but better only in the case of burns; under all other conditions the purple has proved itself superior and this seems to be true of ambrine and all paraffine preparations, whenever the writer has tried them upon burns he has invariably gone back to tanning the burn and then covering it with mayonnaise.

This much should be said about purple; when the wound healing has progressed rapidly and well, it will come to a standstill very often and if the purple is persisted in it remains at a standstill indefinitely. In such a case, stop the purple, tan the wound and follow the tanning with powdered boric acid or one of the balsam Peru mixtures for two or three dressings, when the healing will start up and go on to completion.

One sort of wound never can be healed by this method, though the writer has tried it on one case for nearly two years, largely because other people thought it could be healed. That sort of wound is the one left at the end of an amputation stump, when the bone is too close to the wound. Nothing will do but the removal of a section of bone. Another condition was shown me as a case of failure of purple and that was where the patient was a badly scalded child and the scar was constantly torn open by the action of the triceps, thus leaving an open, bleeding gash on the posterior margin or the axillary space. Questions revealed that this had been going on for a year or more, during which time all sorts of things had been tried. Not only purple, but everything else. Two or three strappings with adhesive plaster healed that notch and no further treatment has been necessary. It should be said, however, that purple had healed the profuse flow of pus in this case, even though the mother of the child would often open the bandages to put any dirty stuff on the burn that ignorant neighbors told her was done "in the old country," and in that way she made no end of trouble when the burn was healing well and on the road to recovery.

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The summary of the matter is, that, while various forms and formulas of paraffin purples are in use, perhaps the very best for a man who does know any special sort is to use one containing but a half grain of iodine to the ounce upon his bandages and to use as much tannic acid as he pleases on the wound; the acid either as an application or as an irrigation, or both. This is true of fistulae, of abdominal wounds, or of the urethra. For the reader must know that a one or two per cent. solution of tannic acid is an excellent irrigating fluid. There have been very able genito-urinary specialists who have worked for a long time on cases of chronic gonorrhea in wine growing countries and those men will freely admit that a rough, red wine, diluted with water, is perhaps the equal of any of the 1,000 injections that have been recommended for clap. For, when followed with the weak purple, its results are sometimes surprising. The variety of uses to which the aforesaid combinations may be put is equally surprising.

The writer is questioned about those paraffin drains of his and the nurse says that he has not used drainage, in the shape of drains, at all in the last five or six thousand dressings of septic wounds; but that when he did use them he put the proper sized cable cord in the paraffin, let it get well soaked and introduced that with a pair of mosquito forceps. His recollection is, that paraffin soaked drains are described in an early number of this series. What makes the greatest impression on the nurse is the lot of trouble that drains make, for both doctor and patient, so that those patients who come from other hospitals with pus all dammed up in their wounds, through the cork-like action of a gauze drain, she never lets me see; but she sits down and soaks them out with H_2O_2 and benzine before they come to my notice; but she is authority for the statement, that some of them are sights. Cable cord, that may be obtained in any drygoods store, soaks up purple as readily as absorbent cotton soaks up water, and a drain made in that way never sticks, nor clogs, nor blocks.

THE ADMAN ON CHRISTIAN SCIENCE.

Now boys, as an adman this Science thing has always appealed to me. I was one of Mary Baker's students, and you cannot get higher than that in Science. I sold souvenir spoons and did everything like that, to the limit. There are lots of him born every minute and most of them have no religion, but would like to have a religion, if it wasn't too religious, you know. There are lots that like to have science, too, if it wasn't too scientific and did not need anything like real study, just something you can sit down and think out for yourself and fool yourself into thinking that you are scientific. Well, along comes this Science thing that isn't a religion, yet it looks the part of one and at the same time it makes up to look like science of some kind, though it would bother you a lot to tell what kind. Any old kind, I guess. But the combine manipulates both so that they are feeders and ads for a mighty good publishing business. After all, it is the publishing business that takes the tricks. I must take off my hat to those chaps that are running things in that Christian Science business, because they surely do know how to sell bum books, at the biggest kind of prices. I don't suppose that there is a single editor in the whole country that would pay one single cent for any matter that might be abstracted from any Christian Science stuff. Yet, just look at the way the thing is put over. I only wish that I could work people and get them to buy books the way those guys do. I am in the hardware business now and you have to make good all the time, so there is no use of wasting time with any of the Christian Science bunk. Not the way things are running at present. You have to live up to specifications.

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A Third Word About the Pharmacotherapy of Syphilis.

COLEMAN BARDOS, Jr., Ph.G.
New York City.

The writer is acquainted with Dr. J. B. Weighart whose article appeared in the April issue of the Western Medical Times, and I read the second word about this matter through the article of Dr. Judson Colby Brown in the November issue of the same paper. Just what preparation they suggest I have furnished for trial some time ago to scientists connected with a leading hospital in New York City. It is known under the name of Venerasol, but is not yet on the market for distribution.

This remark may insure my right of scientific priority. The preparation is a chemical compound of the class of twin salts connecting eight methyl radicals with four arsenic, two mercury, one iodine atoms and twenty-four sodium chloride molecules, dissolved and ready for use in ampul form. This may show that I am familiar with the matter in question. I am not authorized to publish the astonishingly good results obtained by these physicians, I have only to take the floor for the pharmacist and chemist.

The complaints of insufficient results from iodine mercury or arsenic were often brought to the ear of the manufacturing chemist by many physicians before Dr. Weighart's paper, but were not told in short and clear sentences to the profession. This need of a combined preparation has been known a long time and has furnished mercury iodides and mercury cacodylates in dozens of ready market products. Pharmaceutical mixtures as well as chemical compounds have been suggested.

I am a manufacturing pharmacist with trade in this and in foreign countries. For this reason I have taken up this question for a useful compound of mercury, iodine and arsenic with a biological scientist of international fame. Unfortunately the Pharmakotherapeutical research is more handicapped in the United States than in European countries by some antivivisectional state laws. We have not been able to clear up all related questions for this reason. Unquestionably we found that real chemical compounds are necessary and that a good compound must fit for subcutaneous or intramuscular injection without immediate chemical reaction toward the injected tissues.

The specific reaction is intended toward the spirochaete pallida. As a rule compounds containing two of the mentioned elements and still more the known compounds comprising the three elements react to albumines or globulines of the blood serum disadvantageously in the test tube as well as in the living animal with physiological disturbances. Many of these compounds are not soluble enough; other compounds create coagulation of the circulating proteids.

After many experiments, we found the multiple salt mentioned, which is able in dissociating exchange with the sodium chloride of the human serum to evade turbidity or precipitation in the blood of the patient.

In the Western Medical Times I have learned statements about the chemical constitution of the blood that alcoholists show turbidities of the blood serum for long continuation without obnoxious evidences. Hitherto I have considered a preparation causing opalescence of the serum a counterindication for subcutaneous administration; a compound evading this opalescence is superior and safe.

I cannot abuse the editorial columns free advertisement of my business. I showed only the good way and the bad ways for fulfillment of the suggestions of Dr. Brown and Dr. Weighart, and the fact that they are fulfilled already. Shortly after the publication of the chemical reports of the physicians who have this matter in hand the readers of the Western Medical Times will find my personal announcement in the advertising pages.

39 Union Square.

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Vaccine Dosage in the Elimination of the Systemic Effects of Mouth Infection.

JOSEPH HEAD, M.D., D.D.S.,
Philadelphia, Pennsylvania.

Menical Record, July 6, 191 8.

Vaccine dosage is a problem that is being solved by accredited clinicians in a manner that theoretically might seem to altogether discredit vaccine therapy as a science.

Some seven years ago, I gave myself experimentally forty-two weekly doses of vaccine, thirty-two of which each contained 1,100 million mixed germs. The results were excellent. But during the first four or five years of my experience in this treatment I encountered reactions in my pationts so serious that at times I wondered whether the anxiety and worry occasioned made the treatment worth while. However, such satisfactory cures were obtained in 90 per cent. of the cases without any bed symptoms at all developing that there was more than sufficient encouragement to continue the treatment.

It is claimed by many observers that certain people cannot advantageously take vaccine. This statement, when applied to autogenous vaccines, seems illogical, for, as a matter of fact, the patient by the mere presence of the disease has already taken the germs in a living state.

Seven or eight years ago the general procedure was to start treating a so-called patient with 12 to 25 million germs. If the patient showed depression or fever that did not last twelve hours the dose was doubled, and after a while it was again doubled, and doubled again, until incredibly large doses were given, the patient each time getting a terrific therapeutic bump. If the patient didn't get a bump, the dose was increased, and if he did get a bump the dose was also increased, because it was noted by many authors and clincians that those patients who had the worst reactions made the best recoveries. And so the rather loose philosophy of vaccine dosage seemed to be, "Give the patient small doses at first and increase them so as not to have too great a reaction, but if the patient does have too great reaction he will have a better recovery." Either way it's all right, and, strange to say, this vague unphilosophical theory of dosage seems ordinarily to have worked out very well.

In my opinion there must be more investigation into the effect of small doses of vaccine.

There are numerous cases where the patient showed marked improvement and also marked systematic reaction to weekly doses of 6 to 15 thousand germs.

Thirty thousand germs are given at the start and raised by weekly doses so long as the patient bears the dose well, even if the dose goes up to a billion. However, when the patient is showing satisfactory improvement under a dose, that dose is maintained. If thirty thousand germs are not accepted easily the dose should be reduced to a number that are easily accepted.

Reactions occur in widely different forms and require most careful analysis on the part of the physician if the best results for the patient are to be obtained. Large doses given at the start seem to mask a fine gradation of symptoms by which a just analysis of the patient's needs may be ascertained. Large doses may be accepted by the body because it is roused to combat a pathological assault, being aroused, it protects itself and at the same time finds its energies exhausted, while the exactly ascertained dose that will just stop short of a reaction, philosophically may give the best therapeutic effect.

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PHILOSOPHY—BELIEFS.

Theological opinion resists change and this resistance is a very good thing. Strong and deep feelings are excited to antagonism, high moral sentiments condemn a change that undermines their authority, for an established belief is adapted to the nature of those who establish it, and the more complete the adaptation, the more tenacious is the defense. Forms of all sort, whether of religion or of government, must be fit for those who live under them, and naturally the fittest form is the most preferable. A barbarous race needs a harsh rule and becomes attached to a harsh belief, because only a harsh rule and a harsh belief are fitting. And if free institutions are substituted for previous downright tyrannical ones, or if a religion or creed that is full of dreadful penalties, fearful ideals of suffering, as fearful as the human mind can conceive; if such a creed is replaced by one that has gentle ideal penalties and is full of love and affection, then there will always be a greater or less return to some modification of the old severity

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of government or of belief. During early changes and conditions, when the relative beliefs and the absolute beliefs are far far apart, then both political and religious alterations occur at long intervals; but they are necessarily violent and have violent retrogressions. Addition to the old beliefs is the constant and valuable check that prevents our constant advance from becoming too rapid. Therefore we may learn that theological conservatism and political conservatism are important functions.

We should be tolerant, we should even aim at something higher than tolerance. To alien beliefs it is not enough to refrain from injustice by word or deed, it is not enough to be sympathetic, but we must do justice by stating that that belief has a possible worth and value. The truth is, that existing religious ideas and institutions have but an average adaptation to the characters of the people who live under them, how can they ever be perfect, when the people themselves are ever changing their characters? Nothing will do, save to remodel ideas and institutions with a frequency that may keep step, in some measure, with the rapidity of the changes among the minds and lives of the people. Progressive thought must have free play and free action, just as much as conservative thought and action must have free play. Otherwise there can be no orderly progress; but there will be a series of violent convulsive changes. The wise man must respect and utter the truth that he sees, because only by so doing can he play his right part in the world. If he effects the changes he aims at, well. If not, then well also, though not so well. As has been said, a good governing rule lies in the thought that, "Always the pride of ignorance far exceeds the pride of science or knowledge."

Every step that man's intelligence has made has been a step in advance toward the natural and at the same time a step toward the supernatural. At first it is taken for granted that we know a cause; but then we do not know the orders of that cause's actions and we progress until we find that man, through philosophy, is brought face to face with this fact, "There is a great unknown cause and we do know the order of many of its actions, even though that cause is unknown, and never can be known to the limits of our finite minds. Progress has thus been as much to a positive known as it has been to a positive unknown, and this at the same time. So, that while our consciousness under the one aspect constitutes science, our consciousness of nature under the other aspect constitutes religion. Therefore, science and religion may be compared to the positive and negative poles of thought, of which neither can gain in intensity without, at the same time, increasing the intensity of the other. Our duty is to submit ourself, with all humility, to the established limits of our intelligence and not perversely to labor against them The war that is supposed to exist between our intellectual faculties and our moral obligations does not exist, for if it did, it would be a radical vice—in the constitution of things. A known cannot be thought of apart from an unknown, nor can an unknown be thought of apart from a known. The explanations of science must become approximate and relative, and religion must be convinced that its ministry is the ordinary and absolute.

OUR MISTAKE ABOUT THE J. A. M. A.

"THE MEDICAL MANUAL OF THE AIR SERVICE."

"When the history of the great war through which the United States has just passed is fully recorded, the influence of the unusual problems, suddenly created by the requirements of the fighting forces, on the progress of scientific study will become conspicuous. One need not go beyond the medical and closely related sciences to realize the significance of this statement. Feeding

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an army of millions instead of thousands of persons raised anew many questions of food and nutrition which had either been overlooked or complacently disregarded under the ancient regimen. The importance of avoiding waste loomed larger than ever before at a time when we were being exhorted to conserve food to the utmost and to use substitutes so that those less able to do without certain food products might share our surplus in a larger measure. Sanitary science and practical hygiene were confronted with new difficulties in the creation of great cantonments and camps, and the introduction of new modes of warfare, such as trench fighting. Water supply and sewage disposal required suitable provisions on an enormous scale, often in places presenting unanticipated difficulties. Accordingly, the organization of a large sanitary corps, the initiation of a food division, the introduction of the designation "nutrition officer," are illustrations of a few of the innovations created by the novel needs of the times.

"In medical fields the almost revolutionary changes in methods and principles of diagnostic, therapeutic and prophylactic procedure are still too new to leave the impression of importance which some of their unique aspect deserve. It was a platitude that, in war, more men die of disease than by bullets; but just as the implements of war change in successive generations, so the incidence of army maladies varies in different places and seasons. No sooner had the prophylactic conquest of typhoid, once a dreaded scourge, relieved the army command of one enormous danger, than typhus, trench fever, meningitis, pneumonia and influenza came on the scene in unanticipated ways and with unexpected virulence. Other omnipresent deteriorating forces, like the veneral diseases, adopted unsuspected modes of insidious attack calling for the utmost resourcefulness to prevent serious human disaster. The ravages caused by the war gases presented absolute novelties of pressing necessity to the medical fraternity, bringing it face to face, literally overnight, with pathologic manifestations never encountered before."—*Extract from Editorial, J. A. M. A.,* May 10, 1919.

When we saw this editorial in the J. A. M. A. of May 10, of course we passed it by at once, as something that was a mere waste of time to read. This mistake on our part must have been due to our early training on matters that were regarded by the Bible as akin to "Sounding brass and tinkling symbals"; that were referred to by Shakespeare as an "Idiot's tale, full of sound and fury, but signifying nothing," or, in the slang of the day, the editorial might be termed the "Manual of the hot air service." Even now we will admit that the editorial has neither literary nor scientific merit. But in spite of all this, we are asked to take two paragraphs of it, because they are of surpassing interest to those who study the works of the wit of man, when it doesn't work, and who assert the analogy between putrefaction in the animal and vegetable world and a thought that proceeds from its definite statement, through indefiniteness to obscurity, and thence to dissolution.

As an example of the difference between the forward progress of evolution to definiteness, and finer and finer and yet more distinct clearness and differentiation, and the progress of an abortion of any sort, when its evolution is stopped and further progress turns to putrefaction or some other means of diffusion, as an example of degeneration or decay, and considered solely as such an example, we are told that this editorial is priceless.

We know that there are many scientists who are much interested in the ability to think phrases, couple with the inability to phrase thoughts and these men have valuable opinions. Therefore, we publish two paragraphs of the so-called editorial, because those will be

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sufficient themselves, we beg to assure them that the columns of the Western Medical Times are open to them, whether they are physicians or not, so that they treat the subject from its scientific standpoint alone. The matter is becoming one of widespread interest and we welcome anything that sheds light upon it.

STAPHYLOCOCCUS AUREUS PNEUMONIA.

Every once in a while something appears in the editorial portion of some medical journal that is of real worth. Because it is an editorial it rarely gets out of the nest in which it was hatched. Why this is so, we know not, unless other editors are fearful of criticism if they offer any comments. Sometime ago we adopted the idea of having more or less to say about the editorials of other men. With this slight introduction, relative to our ideas regarding the editorials of others, we offer the following abstract of an editorial, under the caption which appears above, and which was published in the Medical Record of April 26, 1919.

The *Staphylococcus Aureus* has long been regarded as an organic of relatively little virulence, found generally in localized infections, though it has been known at times to cause a violent and serious bacteriemia. Its importance in bronchopneumonia, hitherto slight, has been much increased as a result of the observations of Chickering and Park at Camp Jackson. These authors made cultures from the lungs of 312 patients who died from pneumonia with the remarkable result that 153 revealed the presence of the *Staphylococcus Aureus*, in ninety-two of them *unassociated* with any other organism. The cultures were made by thrusting a needle deep into the lung tissue and aspirating fluid into a syringe. The results were checked by examination of stained films and also by cultures made directly from the lung tissue in those instances in which an autopsy was performed. The organism was hemolytic and appeared not to differ from the usual virulent strain of staphylococcus isolated from other lesions. These findings were so frequent and so striking that the authors examined the clinical histories of the patients and have drawn from them a clinical picture which they present as characteristic, if not necessarily pathognomonic, of bronchopneumonia due to the *Staphylococcus Aureus.*

After a rather insidious onset the patient rapidly becomes critically ill with a fairly high temperature and a relatively slow pulse. Cyanosis is a pronounced symptom, the "cherry red indigo blue" color being very striking. Pain is not marked and delirium is not frequent. Epistaxis is not uncommon. *Physical signs of frank consolidation are often wanting and the X-ray examination reveals a lobulae consolidation in which the patches may be extremely small.* The sputum is purulent and of a dirty salmon pink color when characteristic. There is usually a leucopenia. Complications are not frequent, probably because of the short course and high fatality of the disease. Pathologically there was noted a definite tendency to the formation of abscesses in the lung. The treatment is symptomatic and the prognosis very grave. The authors regard the staphylococcus in these cases as a secondary invader growing rapidly in the tissues of those patients whose vitality has been tremendously lowered by the organism causing what we call influenza.

WHERE WE LEAD, OTHERS ARE NOW FOLLOWING.

The medical papers, now that the flu scare is about over, seem to be full of ideas that point to the use of various antiseptics internally, and to the use of antacid remedies. We say this advisedly, but what other paper contained any reference to the "red and white" treatment that covers this

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ground, and much more. The readers of the Western Medical Times had those things at a time when the flu was still with us and those readers who utilized the information have little to regret. They may not have quite so large or elaborate a series of death certificates, but otherwise they are all right.

Just a little hint: "Red and white" are not only efficient in the flu, but in other infections as well. Elimination, more elimination and still more elimination is invariably the indication in every infection, be it flu or what not. And this is the one thing assured when the "red and white" are used. We are giving you this hint, as we gave you the one about using "red and white" in flu—early in the game. Perhaps, in the course of five or six months, some of the other journals will begin talking about the same thing, but you will have gotten the information long before they wake up. That is, you will if you are a reader of the Western Medical Times.

WHY CURSE?

Every once in a while we hear some doctor cursing the osteopath, the chiropractor, the Christian Scientist or some other practitioner of so-called drugless medicine, or therapy, if the latter suits you better. Of course it may be all right to curse these particular bright lights of the therapeutic world, but if we are to do any cursing of that sort we should at least be reasonably consistent.

Now it may be that those drugless healers (?) may have their place in the universe, but that is something we know not of. But if they are not entitled to any place then they should be ignored—completely. But the joke of the whole is this—they are not wholly ignored, even by those who curse the loudest and longest. We hear of this doctor sending cases to the osteopath for massage, the other finding dislocations, or subluxations, somewhere in the spinal column, and telling the patient he is done—that the only thing available is chiropractic, and the third, while he may refer no cases to the Christian Scientist, or some other cultist, will sometimes go in and help those folks out of some muss or other that they have gotten into. It may be true that the patient of number one may need message, but that is no reason why that patient should be referred to some much cursed, advertising osteopathic quack. Number two's patient may have something the matter of his back, but if that doctor were consistent he would not send his patient to the spine setter, another gentleman who is well cursed, otherwise. In some ways number three is the worst of the lot. It is true that he does not refer his patients to the cultists, but he does go and deliver their babies for them and then take a back seat while the "practitioner" assumes control of the case, or he goes in at the eleventh hour, when hope is a thing forgotten, makes a diagnosis and writes a death certificate, that the law may be satisfied and the coroner unnecessary. And he does this latter sort of thing for dirty, sordid money, while a minute, an hour, or a day later, he curses that very cult whose coin he accepted—that cult he helped out of a pinch.

We hear much talk about the ethics of the profession. We are told what a bad man this one is because he splits fees, or something like that. In fact we hear a lot of things, and some of those things come out of the mouths of those men who curse the osteopaths, the chiropractors and the Christian Scientists, and who turn on their heel and do the very things mentioned above. We have come to the conclusion that the ethics of the medical profession, at least among some members of that profession, might be considered as sort of a joke. If doctors are going to do as have numbers one, two and three—and we have absolute assurance of the truth that they have done these things—then why should they curse anybody or anything, for are they not aiders and abettors to the very individuals whom they curse the loudest and longest?

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It sounds nice to be told that doctor so-an-so came to the end of his string and turned his case over to the osteopath Very nice, indeed. It speaks so well for the ability of the decent medical profession, you know. Gives that profession such a high standing with the public at large. And when doctor such-and such tells his patient his spinal column is dislocated or subluxated and sends him to the "spine setter," we, as well as the public, wonder if that particular doctor knows no anatomy and why it was necessary to send his patient to anybody else for treatment, even though the spine might be dislocated or subluxated. But doctor who's-he caps the climax, when he goes in and helps the cultist obey the law, or saves him from the mandates of the law, and more especially when he plays second fiddle to some illiterate—in a medical sense—man or woman, who poses as a practitioner.

All this attention of the doesn't (?) medical profession to these drugless healers does but one thing—the thing least desired—and that is the giving of a more or less substantial standing to those healers, in the eyes of the people. For when any support is given to anything, that thing is recognized, by the non-thinkers, as well as by the thinkers, at times, as something having some worth; in other words, whenever a doctor associates in any way, whatsoever, with any sort of drugless healer, he gives that man a much desired publicity. And it is the sort of publicity that counts, and counts big, for the public will pay attention to such healer when he says: "I had doctor so-and-so in with me on the case," or doctor who's-he referred such and such cases to me.

We are not saying it is right or wrong to curse these drugless healers and cultists. Curse them as much as you wish, but for 'the love of Mike' be consistent. If you do curse them, please don't associate with them, even though such association may bring you more daddy dollars. It isn't consistent, you know, to kick the goose that lays the golden eggs in the ribs, you know. Neither is it at all nice. Another thing; if you must associate with these people, drop your decent medical associates and don't appear before them in the meetings of the medical organization with any "holier than thou," or "butter won't melt in my mouth" expression on your face and put the immortal kibosh on somebody else, simply because that somebody happens to be raking in the coin of the realm, and perhaps doing the raking in rather a decent and ethical manner, and not through the medium of the associations with drugless healers and cultists.

There are quite some few of you doing one awful amount of cursing of these men and women who are dubbed irregulars, and because you, yourselves, are not in the least consistent, your foolish chatter, of this sort, has very frequently made us smile. Don't make yourself ridiculous in the eyes of your brother doctors through cursing one of those vermin today and then pat him on the back tomorrow. That kind of thing always arouses a smile and you are put in the "easy mark" class. If you must curse these fellows, who gain popularity through the use of printer's ink, peddling of the bull, and in other ways, be kind enough to be consistent about it. If you cursed them yesterday, do it again today and keep it merrily up forever and ever. For consistency is a wonderful thing and if one is consistent, even though he may be absolutely wrong in everything he may maintain, he commands respect. If he be not consistent, even though in a measure right, he commands nothing but disrespect, and nothing more is his due. So don't arouse our sense of ridicule through being inconsistent enough to curse the very individual you are tacitly upholding. And please remember that that individual is using you every minute of his time and is making capital of everything, no mat-

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ter how great or small, you may do for him. If you have no use for these medical (?) pariahs, and spend much of your valuable breath, as well as time, in the process of cursing them, then please let them severely alone. For we don't like to laugh at you and we are doing that little thing right now. Certainly we have not mentioned any names, but if the apparel conforms to the curves, crooks and corners of your manly form, don it.

THE DEPARTMENT OF PRACTICAL THERAPEUTICS.

In another part of this Journal will be found what is known as the Department of Practical Therapeutics and which, we hope, may become all its name implies. We do not want, in this part of the Journal, that which may be taken from the books, or things based upon theory, and theory alone, but the reports of your personal findings, incident to your everyday life as practitioners of medicine and surgery. This portion of the magazine is not to be confined wholly and solely to internal medicine, for in many instances surgery is just as much a matter of therapy, as are drugs or other measures employed to bring relief to humanity.

We could, by conning the various journals coming before our notice, fill this department, full and overflowing, every issue of the journal. This we do not want to do, nor do we want to give any ideas of our own in this special column or page. This part of the Journal is considered the property of the reader and we shall expect him to keep it filled. Anything, from a line to a page, will be acceptable, providing it carries merit and is known to the contributor to be true and worth while.

We do not care whether what is printed in this particular part of the Journal agree with the ideas of our self-constituted authorities or not, providing it has been proven to be worthy by clinical or other observation. We welcome the clinician, for we believe that he, as much or more than does the laboratory worker, know the effects of drugs and other therapeutic agents, when applied in the sick human. No matter if some particular drug, or other agent has been pronounced worthless, by other than a clinician, if you find it otherwise, do not hesitate to use this particular part of this Journal to carry such news to your brother physicians.

We hope that this will be no "one-man" affair, for everyone of us knows something, big or little, which will be a help to others, if it is the work of the many, rather than of the few, then will it remain forever interesting, for there will be no falling into a rut and the publication of a possible lot of rusty, mildewed material.

And we believe this feature will bring our readers closer together and we hope that our editors can thereby become better acquainted with those men who give us their substantial support. We have asked some of you to contribute to the Western Medical Times and you have told us you did not know how to write. If you send us in your therapeutic findings perhaps you will get more in the habit of writing and you may, sometime, conclude that you can give us something of greater magnitude for our original article section.

We do not want to go to each of you with a personal invitation to help in the filling of this new department. We really have not the time for anything like that. So we hope you will consider this a sufficient invitation and as you may have something to offer, send it to our editors and they will see that it is given attention. If you haven't the time to get your notes in proper form for publication, just send them to us and we will see that they are put in such form.

Anyway, don't forget this particular section of the Journal. We are not

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going to fill it ourselves. In fact, if we can help it, not a single idea of ours will enter into it, for we know just what would happen if we did. And we don't want that particular thing to occur. We want this department to be always worth while and interesting and it would not be if we did all, or a great portion of the contributing to it. So just join hands with us and make this one of THE features of the Western Medical Times.

If you want the ideas of all men in medicine you can get them in the pages of the Western Meical Times. Perhaps, through getting some of these ideas, you will become a better doctor. That is one of the things which cannot be proved without a trial. Why not subscribe for this journal and see if the ideas of those other men are really worth while? We believe you will find them so.

BOOK REVIEWS

NOTICE:—It will be the pleasure of the WESTERN MEDICAL TIMES to furnish any book, reviewed in this department, to its readers at the publisher's price, delivery prepaid. If any single order covers two books, the purchaser will be given in addition, a year's subscription to the WESTERN MEDICAL TIMES, providing the publisher's price for the two is $5. or more. If you desire any one of the books priced at $1., you may have it absolutely free if you will send us $2. to cover a subscription of one year for the TIMES. Address your orders to the Advertising Manager, 138 North Center Street, Reno Nevada.

MILITARY SURGERY OF THE NOSE AND THROAT. By Hanau W. Loeb, M.D., Major, Medical Reserve Corps, U. S. A. Medical War Manual No. 8. 176 pages. Limp leather. Price $1.25 net. Philadelphia and New York. Lea & Febiger, Publisher, 1918.

This, the eighth of the War Manuals, issued under the supervision of the Surgeon-General, U. S. A., and the Council of National Defense, is not a text-book on diseases of the ear, nose and throat, but just what its name implies, a treatise upon the military surgery of those organs. The author gives descriptions of the conditions thereof, out of the ordinary, which have been noted during the war. The elimentary principles are omitted, as it is considered that those who entered into military service had that ground work previously and so needed no instruction of that sort.

To a very considerable extent, the causes leading to abnormalities of the organs considered, was very much different than those occurring in civil life. Likewise, while fundamental principles of treatment might be followed in many instances, many special forms were found necessary under war conditions, and these have been outlined by the author. Attention is called to the numerous out of ordinary conditions following wounds of various sorts, as well as to abnormalities due to gas poisoning, shell and other explosions, and the many other extraordinary things encountered during life in an active army.

The notes of reconstruction may be of considerable value to the civil surgeon or physician, for it is very probable that many of those discharged from the army will need more or less reconstructive treatment at the hands of civilian physicians. The author also points out the way of determining whether an individual be a malingerer or not, and this may also be of a very considerable service to us and may be the means of saving both time and money. As a whole, much of real value is to be found in this little book.

THE SERIOUSNESS OF VENEREAL DISEASE. By Sprague Carlton, M.D., F. A. C. S. 64 pages, 26 illustrations. Board, price, 50 cents net. New York. Paul B. Hoeber, Publisher, 1918.

This little book contains very little text, but is given over to illustrations of the various veneral diseases and their

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lesions, as taken from photographs of actual cases. These are very clear and will act as guide to a possible better diagnosis of these different diseases. The last few pages of the book are given to instructions to patients having gonorrhea and syphilis. It might be well if those were reprinted and used by the physician instead of giving verbal instructions, as is usually the case, to their patients. Perhaps, if this book were placed in the hands of the laity many cases of all venereal diseases might be prevented. While, as we have said, it contains little text, other than descriptions of the various illustrations and the added instructions to those who may have contracted the diseases mentioned, this is a very worthy little volume—one to which you may refer many times. If nothing more, it will save you time and chance of error when you are offering instructions to your patients who may have become infected.

THE BLIND, THEIR CONDITION AND THE WORK BEING DONE FOR THEM IN THE UNITED STATES, By Harry Best, Ph.D., author of "The Deaf, Their Position in Society and the Provisions for Their Education in the United States." 763 pages. Cloth, price, $4.00 net. New York. The Macmillan Company, Publishers, 1919.

But few, if any of us, have any idea of what has been done or may be accomplished for the relief of the blind. We do not know how they may be educated in order that they may not be a burden to themselves and to society at large. We simply say they are blind and let it go at that. The doctor should know much of what may be done for them. From a medico-legal standpoint he should know the definition of blindness, as well as many other things connected with the condition. He should know something, more or less, about what has been done in relation to the education of the blind. He should have a knowledge of the laws relative to the blind and everything connected with them. He should know more or less about the legal side of blindness following accidents due to carelessness, either on the part of the victim or others. The doctor should know more or less relative to the educational institutions for the blind. In fact the doctor should, in reality, be able to answer any question which may arise relative to this condition. And the book now before us goes into detail regarding every seeming question which may arise in connection with the subject. The author tells you about the educational institutions, both of a public and private sort. He tells you, if a state does not have an institution of its own where the blind may be educated, where such individuals may be placed that they may be made self-supporting and independent. He tells you what trades or professions the blind are entering and how successful they are in their chosen work. In fact, every possible point connected with the subject seems to have had attention. While perhaps not one of the books which will be referred to every day, it is one which we should have when the time comes when we need first-class information upon the subject.

COMPEND OF SURGERY for Students and Physicians, By Benjamin Lipshutz, M.D., Instructor in Neuro-Anatomy, Clinical Assistant in Surgery, Jefferson Medical College, Philadelphia. Corrinna Borden Keen Research Fellow, Assistant Surgeon, U. S. N. R. F., Etc. 311 pages, with 185 illustrations. Cloth, price, $1.50. Philadelphia: P. Blakiston's Son & Company, Publishers, 1919.

The Blakiston Compends have been popular for a long time and, as they invariably endeavor to give us something really worth while in these epitomized volumes, that popularity will probably survive for all time. Until this volume on surgery appeared, the subject was discussed by Orville Horwitz, in a like compend:

It is not the purpose of a work of this sort to go into every detail of the subject

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discussed, but rather to offer something which will act as a reminder or as a "sign board" along the road when we may have forgotten our direction, or need just a hint to bring us to the place where we may be more fully instructed. It is not the idea of the author to tell all about the subject of surgery, but rather to give the student or physician a bird's-eye view thereof and this he has done, and well. He does not, like many others, lay claim to great originality, but admits that he has conned the literature of the world and has offered that literature in a "boiled down" condition, so that we may get the most of the nut without having to remove too much of the shell. In our younger days we had an idea that books of this sort were made only for students and that they were to be used mainly for "cramming" purposes, prior to examinations, but the graduate finds a use for them, for in them he may find just what he wants, or a guide to his desires, and without having to go through a mess of verbiage to reach the end. Lipshutz will give you a good idea of general surgery, in epitome, and the knowledge gained from his book may be depended upon, and it will be down to date. The book is well illustrated.

THE WHOLE TRUTH ABOUT ALCOHOL, By George Elliot Flint, With an Introduction By Dr. Abraham Jacobi. 294 pages. Cloth, price, $1.50 net. New York: The Macmillan Company, Publishers, 1919.

From the viewpoint of the author, his title may appear absolutely truthful, as he defends alcohol and its use. Others might disagree with him and venture the assertion that not one word of real truth appeared in his book. That the book is well written, goes without saying. From his point of view, the author offers rather convincing arguments, although at times it seems to us that he contradicts himself. There is something of a diversity of opinion regarding the use of alcohol as a medicinal agent. Dr. Jacobi, who writes the introduction, believes very heartily in the efficiency of alcohol under certain conditions, as do some other of the older men of the profession. On the other hand, many of the younger men can see no particular use for it, when employed internally as a drug. We cannot wholly agree with the author that the continued and daily use of rather small quantities of alcohol will not, in all cases, be followed by harmful results, for we have seen quite the contrary occur.

However, no matter what your beliefs should be, you should know the arguments of both sides of all questions, for it is by this means that you complete your knowledge. Mr. Flint does not make a special plea for the stronger alcoholic liquors, but he does believe that light wines and beers should not be legislated out of existence. Nor does he say that alcohol is not without certain dangers. While he defends alcohol and its use, both as a medicine and beverage, his defense is not open to the usual fault found with non-prohibitive arguments.

No matter if you don't agree with the author, in toto, read what he has to say and perhaps it will add weight to your own arguments upon the question.

ENGLISH, FRENCH, ITALIAN MEDICAL VOCABULARY, By Joseph Marie, including Reference Tables, Etc. 107 pages. Cloth. Philadelphia: P. Blakiston's Son & Company, Publishers, 1919.

Like dictionaries, this is a rather difficult book to review, as it is only a list of words in three languages and with no "story" at all about which to talk. But it has its worth and perhaps a considerable one, when we stop and think that much of our medical literature from foreign lands will come out of France and Italy in time to come and not so much from central Europe. The book was intended to be a help to doctors, Red Cross nurses and others who might go into the foreign service. In addition to the lists

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of words, the book contains phrases, rules for pronunciation, as well as various tables and other information.

BEVERAGES AND THEIR ADULTERATION, Origin, Composition, Manufacture, Natural, Artificial, Fermented, Distilled, Alkaloidal and Fruit Juices, By Harvey W. Wiley, M.D., Author of "Foods and Their Adulteration." 421 pages, with 42 illustrations. Cloth, price, $3.50 net. Philadelphia: P. Blakiston's Son & Company, Publishers, 1919.

After going through the book in defense of alcohol, by Flint, and then reading some things in the volume before us which are almost, if not quite diametrically opposed, in argument, it should leave us in something of a quandary as to which of the authors is right—or wrong, for that matter. But there seems to be one point upon which they agree to the letter, and that is that no man can drink the same quantity of sweetened mixtures as of alcoholic liquors. That is without becoming more or less ill. And they are both right, for we feel that, as time goes on, it will be found that the soda fountain will become more or less of an abomination.

No matter what your opinions may be, either pro or con, relative to any beverage, this book, by Wiley, is one of more than passing interest, for even though he may not approve of one single thing he may discuss, he gives you some fine descriptions of the various beverages, some common, some uncommon. He tells you about the manufacture of the various wines, for instance, as well as of whiskey within the law, as well as of "moonshine." We believe, however, that he has made on error, and that regarding Weis Beer, one made without hops, for he says that he does not know that a single non-hop brewery has ever existed in this country. We cannot agree with him, for we have known of at least one such, where not a single hop bloom went into the beer brewed therein. But that is not such an awful error, for the institution was a small one and easily overlooked. But that it did exist about a decade ago, we are absolutely sure. However, that is neither here nor there, nor does it detract one ioto from the total value of Wiley's book, for it is one that possesses so many other valuable things that we can well afford to overlook one small error.

You may think, as we have, that you know much about the various beverages, both alcoholic and "soft," but if you will read this book you will find that, in all probability, you, like ourselves, can learn much from Wiley. He has given much attention to foods and drinks and knows whereof he speaks. Perhaps, if you read his book, you will refrain from giving your patients some things which you have been prescribing for him, while on the other hand you may begin the use of others which you have heretofore considered either worthless or harmful to the human economy. Even if nothing else, this book will give you a very liberal education upon the general subject of beverages and so is worth your while. No matter what may be opinions or personal convictions of any man, he never can learn too much of all sides of all subjects. And if you read what Wiley says of some beverages, the ones to which you may have been rather partial, you will wonder, perhaps, why you had not "looked before you leaped—or drank."

ELECTRICITY IN MEDICINE. A Practical Exposition of the Methods and Use of Electricity in the Treatment of Disease, Comprising Electrophysics, Apparatus, Electrophysiology and Electropathology, Electrodiagonsis and Electroprognosis, General Electrotherapeutics and Special Electrotherapeutics, By George W. Jacoby, M.D., Former President of the New York Neurological Society and of the American Neurological Association; Consulting Neurologist to the Lenox Hill Hospital, Etc., and J. Ralph Jacoby, A.S., M.D., Fellow of the New York

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Academy of Medicine, Member of the American Medical and the American Medico - Psychological Association; Chief of Clinic, Neurological Department, Lenox Hill Hospital, Etc. 612 pages, with 262 illustrations. Cloth, price, $5.00 net. Philadelphia: P. Blakiston's Son & Company, Publishers, 1919.

There is, without a doubt, a rational place for electricity in medicine, but until recently its use has been very largely empiric and so remains to a very great extent, in all probability. Electricity is one of the things that no one really knows much of. Even those who work with it the most only know that it is some sort of a force which they have learned, to a greater or less degree, how to handle.

Everyone of the various sorts of current have been used, to greater or less extent, either as diagnostic or therapeutic agents, but usually in a rather empiric manner. We know pretty well what the X-ray should do, but even with probably a better knowledge of that phase of electricity than of any other, we see many failures following its use. But few of us know the primary principles of electricity and, as a rule, those who claim to teach us how to use it are nothing more or less than enthusiastic empiricists. They do not handle the subject in a scientific manner. And sad to tell, some of these who would teach us regarding the use of this force, are of the class called quacks, who employ the force as a money-maker and rely very largely upon the psychic rather than upon any other thing connected with the subject. That they succeed in certain cases may be true, but they do not seem to meet with like success when attempting the use of electricity where there are pathologic processes existant.

The authors of this book have endeavored to present the subject in a scientific manner. They do not claim that the force is a cure-all, but they do show that electricity, under certain conditions and circumstances, may be employed with benefit. They go into considerable detail regarding the different sorts of the force and what apparatus is necessary to generate them and how they may be best applied. That we should all know more about this subject is an absolute truth, for electricity is a something which, as has every other force of nature, has a probable place in medicine. If we read this book we will know much of the electron theory, and it is probable that it is the electron which is of real value to the physician.

In taking up the matter of apparatus the authors seem to be very thorough and their descriptions are such as to give you a good idea of every thing mentioned. The same is true of the technic of application of electricity. The various currents are fully described and their special uses are designated. Considerable space is given to the discussion of the use of the force as a diagnostic and therapeutic agent. If you want nothing more than to get a better idea of electricity, this book is worth your while, for it covers the subject, medically and otherwise, very fully. The text is very clearly written and so may be readily understood, even by one who knows little of the subject, and this is further elucidated by numerous illustrations.

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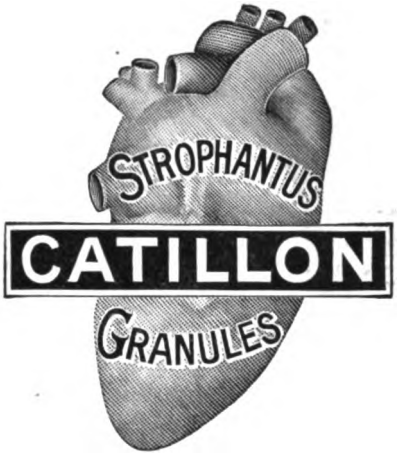

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DEPARTMENT OF NURSING.

E. MILDRED DAVIS, A.B., R.N., Editor.
Superintendent Edgecombe General Hospital, Tarboro, North Carolina.

THE NURSES WHO COME BACK. (*Abstracted from "The Trained Nurse and Hospital Review," May,* 1919.)

Every war the world has known in the last century has resulted in some advancement in the care of the sick. What changes may we expect to observe in the nurses who return from service abroad? There will be disappointment in our professional circles—if we do not observe a very material change that will benefit the institutions, communities and homes into which these nurses return.

The exacting demands of military discipline should eliminate the lack of respect for authority to superior officers which many American nurses have shown. The average nurse's life has tendered towards narrowness in the past, and many of the small things—which add to the daily comfort of patients have been neglected.

Will the nurse who has served abroad be satisfied to devote herself to the monotonous routine of duties in a hospital or community? The answer depends upon the type of individual this nurse represents. Nurses have shown a tendency towards restlessness and many were not contented to remain in one place or attend to one branch of work for a definite length of time.

Army life may not have changed the discontented nurse into a satisfied one, but the experiences which nurses have had in the past two or three years should broaden their outlook on life and the world in general.

The nurse who stayed at home should not be forgotten—when those who went abroad are welcomed home. In many instances—it required a higher quality of courage to stay—than to go. The prosiac every-day task of our homeland was quite as important as duty "overseas."

NEWS SERVICE.

The Medaille d' Honneur des Epidemics has been bestowed upon ten American Army nurses by the French Government. Twenty-three officers of the American Medical Corps and seven enlisted men received the decoration at the same time. The presentation ceremony took place at American Red Cross Hospital No. 112 at Auteuil, in the presence of a distinguished gathering.

DIRECTOR OF RED CROSS DEPARTMENT OF NURSING DEAD IN FRANCE.

Miss Jane A. Delano (Director of the Department of Nursing of the American Red Cross), died April 15th at Base Hospital No. 8, Sauvigny, France, after an operation for mastoiditis. She was taken ill while making a survey of the Red Cross nursing service abroad.

Miss Delano was born at Watkins, New York, in 1862, and reared by her grandfather, a Baptist clergyman. Her father was killed in the Civil War. She graduated from Bellevue Hospital Training School for Nurses of New York in 1886 and two years later volunteered to nurse the yellow fever victims of Jacksonville, Florida. They were being cared for by negro women, who were not skillful in combatting the disease. Miss Delano insisted upon the use of mosquito netting by the nurses with most gratifying results.

In 1889 she was called to Bisbee, Arizona, to establish a hospital for one of the copper companies. Two years later she assumed the duties of superintendent of the training school for nurses at the University of Pennsylvania Hospital, where she served for five years. She pursued special courses in medicine and philan-

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thropy and in 1900 returned to Bellevue Hospital of New York as superintendent of nurses, remaining there until 1905, when she was appointed chairman of the committee for developing a nursing reserve for the Army Nurse Corps.

Miss Delano was appointed superintendent of the Army Nurse Corps by the Surgeon General and visited the Philippine Islands, Cuba, Japan and Hawaii officially. When the United States entered the war eight thousand carefully selected nurses were available for government service, and the success of the recruiting campaign for nurses was largely due to her leadership. She served three times as president of the American Nurses Association and several years as head of the directorate of the American Journal of Nursing. Her services with the American Red Cross were never compensated with a salary. She was a full-time volunteer, and the last surviving member of her family.

(*Abstracts from the Editorial Section of "The Hospital Social Service Quarterly."*)

Twelve years ago, Hospital Social Service required justification for its existence. It was an infant amid a growing family of new public health movements. Today, Hospital Social Service has become a feature of all first-class medical institutions in this country. The movement has become prevalent to such an extent that one of the chief dangers is—that its form may be copied too extensively—without incorporation of its original spirit and substance.

Hospital Social Service has passed the stage of justification for its establishment—and is now passing the period of formulation of principles and their methods of practical application. The number of hospital social service workers is increasing, and many more are needed for the new period of reconstruction upon which we are now advancing.

UNENDING LIFE—THE GREATEST QUESTION. (*Abstracted from "The Red Cross Magazine," May,* 1919.) By E. S. Martin.

There are problems before the world today so big and difficult, that representatives of all civilized nations have been called to the conference—that has been established—for the purpose of solving them and not one great nation, in good standing, can be spared from this conference.

The nations and would-be nations of the world are dependent upon the solution of these problems for generations to come. The importance of the destiny of the world should not overshadow the question of immortality. To go through life without a belief in immortality, is like launching out at sea with a compass—upon which there is no Northern direction.

Columbus planned a course without knowing where he was going. He sailed to an unmapped land by faith and brought back word that it existed. Christ went into the unseen and came back to Earth to justify our faith in immortality. There never was a time when this belief was as important to the world as it is now. An unprecedented bereavement reaches after consolation; perplexity and discouragement follow the old order that is crumbling, and look about for courage to build a new order of existence. Is a life worth while that is subject to such enormous destructions and calamities and our race worth perpetuating when they contend and ravage so brutally?

Psychical research, although experimental and hypothetical, is forging ahead with other branches of science and advancing religious belief. The past has not been vain—when we believe that the young—who died in battle have won what they fought for—and immortality is ahead for them.

EXPERIENCES DIFFER. (*Abstracted from "The American Journal of Nursing," May,* 1919— *Editorial Department.*)

All nurses in military or Red Cross Service have not had the same experi-

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ence. Some of them have endured very few hardships and escaped unusually hard work, while others have apparently fared hard from the day of their mobilization.

Numerous trying circumstances have resulted from the fact that our American nurses were denied the privileges of rank while in military service. They saw soldiers and enlisted men salute the English, Canadian and Australian nurses—while no such mark of respect was granted to them. The efficiency of their service has been interfered with frequently, as orderlies, stretcher bearers and other government employees did not recognize them as entitled to authority.

DEPARTMENT OF PRACTICAL THERAPEUTICS.

THE WASH AND PROTARGOL SPOTS—Fresh Spots are easily removed with soap water or ammonia liquida, old ones with a solution of K.I. and citric acid or with the use of sodium hyposulfite with some chlor. amm. added. Very good results are obtained from a 10% solution of persulfas ammonicus. Another useful remedy is Hydrogen superoxyd with a little ammonia. If the spots have already been treated with soap they disappear in a few seconds; without soap treatment it takes from one-half to one minute.

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CHRONIC CONSTIPATION IN CHILDREN—If the case is non-catarrhal give daily 2 or 3 teaspoonsful of fresh butter. Probatum est.—Dr. Zwigtman.

THE DIAGNOSIS OF ACIDOSIS.

Under the above heading appears an editorial in the Medical Record, May 3, 1919, which reads in part as follows:

Acidosis for years past has been one of the fields of romance in Medicine. The term has lacked a satisfactory definition but has been used glibly in explanation of obscure conditions, often without a very clear conception of its real significance, and at times has been applied to conditions in which real acidosis can play no part. Moreover, unless the acidosis is marked, the diagnosis may present extreme difficulty. It is a great pleasure, therefore, to find such a clear and sanely critical review of the subject as that presented by Macleod (*Journal of Laboratory and Clinical Medicine*, 1919, IV, 315). He recounts the development in the use of the term, which was at first limited to the undoubted acidosis existing in cases of diabetic coma, then gradually extended to include all cases of acetonuria, and later included those conditions in which the acid production or retention involved entirely different types of acids. The difficulty in early diagnosis depended partly upon the lack of an adequate conception of the disease process, but chiefly upon imperfections in technique of the methods used.

The author prefers the methods of Haldane, which employe whole blood, to

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that of Van Slyke, which uses only the plasms. Methods combining blood and alveolar air examinations are scarcely more accurate or informative.

In the opinion of the author, "the best test of acidosis at present available in routine clinical work" is to determine "how much alkali can be added to the organism without causing the urine to assume an alkaline reaction". Normally, this is very small, about 5 gm. $NaHCO_3$, but in acidosis may be as high as 100 gm. a day. The value of this seems to be established by experimental work. It is easy of application under all conditions, and should be extremely employed in practice.

Anasarcin.—That doctor who allows a case of dropsy or ascites to progress so far as to require tapping, has not paid due attention to the best interests of his patients. Ascites or anasarca means simply a collection of effused fluid in the tissues. Unless it has been neglected beyond any reasonable measure such effusion fluid can be made to be reabsorbed. Effusion of fluid results from circulatory stasis. This means that an increasing amount of labor is thrown upon the heart which is already unable to perform its full normal functions. It is poor therapy to attempt to cast resorption of effused fluid by the administration of mere diuretic agents. While the kidney should be stimulated and strengthened to increase its function, the heart also should be stimulated and strengthened and this without the production of vasar-motor constriction. In other words, the force pump must be strengthened, and the kidneys made to join with the heart in bringing about not only absorption, but elimination of the effused fluid.

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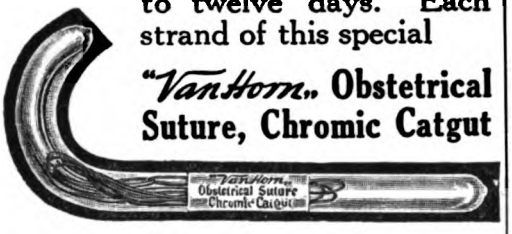

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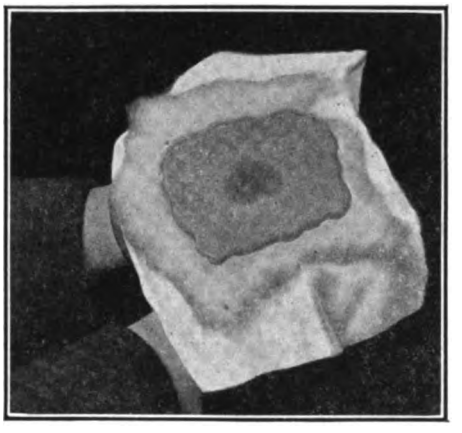

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We have always taken considerable pride in our Book Review Department, for we have invariable endeavored to give our readers more than just a passing idea of the books receiving attention —to give them a *real* idea of the work under consideration. We have never been "patted on the back" so very much by either readers or publishers because of such attention to details, but now we are in receipt of a letter from one publisher which makes us feel rather good. This publisher is issuing a report of medical clinics at quarterly intervals and in bringing them to the attention of the profession he is, among other things, mailing a number of circulars, containing parts of reviews, to the profession. In a letter received from him, covering this subject, he has the following to say about the Western Medical Times and its book reviews:

"These folders are being circularized and, no doubt, the publicity we are giving your journal's excellent review will attract readers to our publication and also to yours as a journal whose reviews are far above the average."

We believe that our readers will be interested, as may others, for a journal which gives conscientious and somewhat detailed book reviews should be worth more to its readers than is one which simply says, in substance, "We have such and such a book—it is good (or bad, as the case may be)." We go through every publication given attention in our Review Department before a word is written about it. In that way know what is in that publication and are in a position to give the reader more than a passing idea of it, or to say "another book has appeared above the horizon." We have always considered book reviews as something of considerable importance, for it is from books that we gain much of our knowledge, and to gain such knowledge we must know what literature is offered and whether it be good, bad or indifferent. We shall continue our policy in this particular and when we review any publication it will only be after we have given the book or other matter our conscientious attention.

A NORMAL SHOE FOR A NORMAL FOOT.

Can the shoemaker build a shoe that will keep normal a normal foot? And having built it will the public be brought to see the beauty of the product? Not so many years ago we gave our admira-

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tion to the small, tightly-laced waist. Today we laugh at it and tomorrow we shall be equally amused by the pencil-point toes and high heels that tilt the human foot to the angle of a horse's hoof. The war made low heels beautiful on Fifth Avenue, and consequently on Main Street; if it had lasted a little longer, women would, of necessity, have gone the whole way with the shoe problem. The shoes of the future will not be "prescription" shoes, they will not cater to deformities, but they will be built to conform to the normal lines of the foot.

The National Board of the Young Women's Christian Associations, through the Health Division of the Bureau of Social Education, has started a drive to get this shoe for American women and to popularize it. The Associations have all the health arguments. They have a national membership of four hundred thousand women to listen to them, but they cannot get this shoe without the co-operation of the manufacturers and dealers who make the shoes and determine the styles. To bring about this co-operation, a conference with leading shoe men was held recently at the National Board Y. W. C. A. headquarters in New York.

The manufacturers have a difficult problem, but not an impossible one. They must produce a low shoe, with a low heel and a flexible shank that will allow enough exercise of the muscles of the arch to keep them strong, a shoe with enough room for the toes and a straight inner border because the foot is naturally straight on the inner side. They must make the shoe attractive to the discriminating taste by using their knowledge of leathers to procure variety and fineness of finish for both day and evening wear. Will the shoemaker do it? When he does, the National Board of the Young Women's Christian Association will be back of him. Every woman who wants to wear the "normal line" shoe must be able to get it. All samples of shoes will be examined, an alphebetical list made, according to states and cities, of all the firms that carry these shoes.

This list will then be sent to local Associations all over the United States, so that no one can say, "We would like to get these shoes, but we do not know where to find them."

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SECOND.—That vaccination against Paratyphoid "A" protects against that infection but does not protect against Typhoid or Paratyphoid "B".

THIRD.—That vaccination against Paratyphoid "B" likewise protects against that infection only.

FOURTH.—That vaccination against all three infections does definitely protect against all three.

FIFTH.—That the protection conferred and the results of agglutination tests, are identically the same whether the individual is immunized against each organism separately or whether the vaccines are given in combination.

SIXTH.—That the "Non-Specific-Reaction" of Typhoid vaccination is of no avail as a protection against the closely allied Paratyphoid infections.

Of course it is not always safe to reason from analogy. On the other hand is it not well to preserve the open mind and consider if there may not be merit in combinations of vaccines other than Typhoid-Paratyphoid, even though the immunizing response is less distinct and of shorter duration?

Paracelsus, Harvey, Jenner, Pasteur, all were men of "the open mind". They broke down the barriers set by authority in their times, and it seems to us a sad return to old traditions to insist that only those things which have the seal of official, or quasi-official, approval may ethically be included in the physician's armamentarium.

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